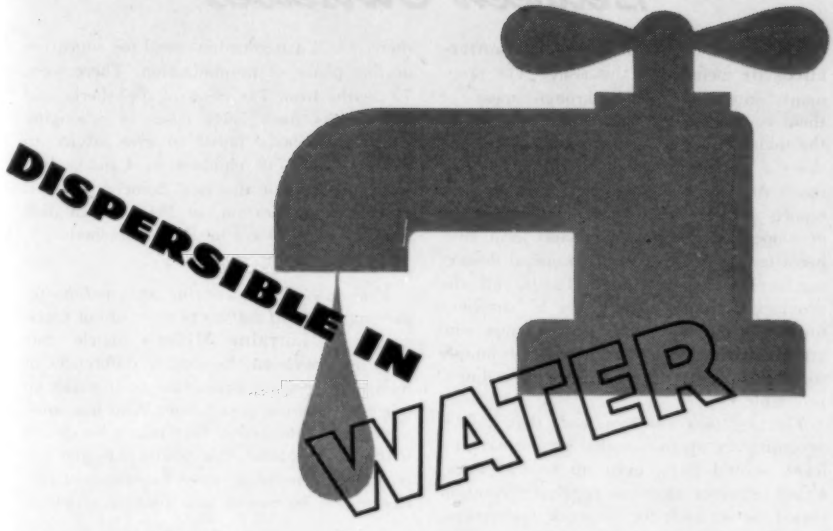

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Each drop contains approximately:

Vitamin A	1,000 I.U.
Vitamin D	500 I.U.

The suggested daily dose is two drops.

In bottles of 8, 15 and 30 cc. with dropper.

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10 drops (0.6 cc.) provide approximately:

Vitamin A	5,000 I.U.
Vitamin D	2,400 I.U.
Ascorbic Acid	50.0 mg.
Thiamine	1.5 mg.
Riboflavin	1.0 mg.
Niacinamide	20.0 mg.
Pyridoxine	1.0 mg.
Calcium d-Pantothenate	5.0 mg.
Mixed Natural Tocopherols (as Antioxidant)	2.0 mg.

The suggested daily dose is five to ten drops.

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When vitamin A is given in an aqueous rather than an oily vehicle, it has been shown that up to five times greater absorption takes place.[1] Similarly, vitamin D given in an aqueous vehicle has proved more effective in the treatment of rickets.[2] The aqueous vehicle is also to be preferred for premature or weak infants and in conditions, such as celiac disease, cystic fibrosis of the pancreas, and obstructive jaundice, where fat tolerance is impaired.[3]

Ayerst water-dispersible preparations are pleasantly flavored, completely miscible with liquids or foods and require no refrigeration.

1. Lewis, J. M., Bodansky, O., Birmingham, J., and Cohlan, S. Q.: J. Pediat. 31:496 (Nov.) 1947.
2. Lewis, J. M.: J. Pediat. 6:362 (Mar.) 1935; ibid. 8:308 (Mar.) 1936.
3. Kramer, B., Sobel, A. E., and Gottfried, S. P.: Am. J. Dis. Child. 73:543 (May) 1947.

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MONTREAL, CANADA

712

Between Ourselves

The reports of the various **Work Conferences** are included in this issue. The dominant note that runs through most of them is the feeling that three half-days in the midst of a busy convention week is too short a period in which to do more than touch the fringe of the topics. Two or three reports suggest that such conferences be developed on the provincial and local level hereafter. It is an excellent proposal deserving very careful consideration by all the provincial groups. There are a sufficient number of nurses in every province now who are familiar with work conference technique to make such developments exceedingly profitable.

The suggestion has been made that if such programs are again included on the national level, several days, even up to one week, either before or after our regular convention period, be set aside for the work conferences. It will, of course, be up to the national Program Committee to make the decision as to the type of program. However, the members of that committee are always anxious to know what you, the nurses of Canada, really want. We suggest that you write your thoughts on this matter to our General Secretary, *Miss Gertrude M. Hall, Ste. 401, 1411 Crescent St., Montreal 25, Que.* Do it now while your impressions are still strong from this convention. What do you want? Write to your own provincial executive secretary expressing your opinion regarding such work conferences in conjunction with your own provincial convention. It takes time to get these programs organized so do not put off your writing until next year.

* * *

Brief mention was made last month regarding the **National Immunization Week** which is being celebrated this year ***October 15-21.*** Recently released figures giving the incidence and mortality data for diphtheria and whooping cough for 1949 indicate that there is still a tremendous need for education in this phase of immunization. There were 79 deaths from 798 cases of diphtheria and 202 deaths from 7,942 cases of whooping cough. Somebody failed to give advice to parents, so 8,740 children in Canada had these preventable diseases! Somebody failed to urge immunization, so 281 children died unnecessarily! Don't be that "somebody."

* * *

You will find interesting information regarding the ***food habits*** of some of our racial groups in **Lorraine Miller's** article. She does not touch on the dietary differences of many of the nationalities that go to make up our cosmopolitan population. Who has some additional information that might be shared with our readers? We would be glad to receive this material—even fragments of it—that might be woven into another article.

* * *

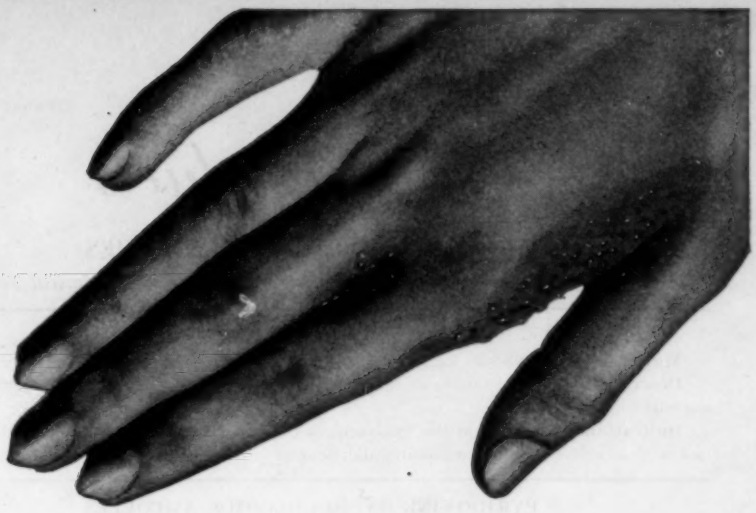
Getting all set for your round of activities this winter? Clubs, nurses' meetings, work—what are you planning for youself in the line of ***hobbies?*** Would you be interested in a series of articles describing various hobbies? Maybe you would get some ideas you would like to put into practice.

It is our conclusion that very few nurses have actual hobbies. If asked what are their favorite leisure-time activities, the great majority murmur rather vaguely about "reading and music." Serious reading material —the non-fiction books in a lending library— can supply a very real need in our lives for cultural information. Music, too, can mean a great deal or very little.

Why have hobbies? Each of us is living, working with a great many people every day —giving comfort, care, advice. What are we doing to replenish our own personalities? How are we re-creating ourselves? Shall we introduce a section on hobbies? It is up to you. Please let us know your interest in this matter.

Copies Available

Is there a school of nursing in the United States that would like to secure some back issues of *The Canadian Nurse* for their library? The librarian of the *Georgetown University School of Nursing, Washington 7, D.C.*, has the following numbers available to the first comer who is willing to pay shipping costs: 1946—Apr. to Dec.; 1947 and 1948—complete. Write directly to M. Fromuth, librarian, at the above address.



on the one hand

an almost limitless variety of agents may cause pruritic dermatoses, presenting an imperative need for relief from itching.

on the other hand

the antipruritic employed should not contain potentially dangerous drugs, lest the lesion be exacerbated. Phenol (as in calamine with phenol), cocaine and cocaine derivatives are among the hazardous stimulating and keratolytic agents warned against in the literature:

1. Underwood, G. B., and Gaul, L. E.: J.A.M.A. 138:570, 1948. **2.** Underwood, G. B.; Gaul, L. E.; Collins, E., and Mosby, M.: J.A.M.A. 130:249, 1946. **3.** Howell, J. B.: Arch. Dermat. and Syph. 53:256, 1946. **4.** Gaul, L. E.: Hygeia 23:280, 1945. **5.** Gaul, L. E.: J.A.M.A. 127:439, 1945. **6.** Lane, C. G.: J. Omaha Mid-West Clin. Soc. 6:45, 1945. **7.** Miller, H. E.; Ayres, S., Jr., and Alderson, H. E.: California & West. Medicine 51:251, 1939. **8.** Ormsby, O. S.: Diseases of the Skin, Philadelphia, Lea & Febiger, 1937. **9.** Homans, J.: A Textbook of Surgery, Springfield, Charles C. Thomas, 1932.

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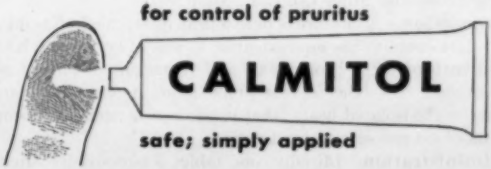

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New Products

Edited by **PROFESSOR F. N. HUGHES**

PUBLISHED THROUGH COURTESY OF *Canadian Pharmaceutical Journal*

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Manufacturer—Abbott Laboratories Limited, Montreal.

Description—Each cc. contains 100 mg. pyridoxine hydrochloride in water for injection, U.S.P.

Indications—The exact role of pyridoxine (vitamin B_6) in human nutrition is not known. For use as an adjunct in the treatment of multiple vitamin B complex deficiencies and of possible value in vomiting of pregnancy, chorea, paralysis agitans, and some muscular dystrophies.

BISTERONE SUSPENSION

Manufacturer—Charles E. Frosst & Co., Montreal.

Description—Each cc. contains, in aqueous suspension:

Orchisterone (Testosterone, Frosst) 50 mg. Pregnenolone 50 mg.

Indications—Chronic rheumatoid arthritis.

Cautions: Administered to normally menstruating women may cause delay, irregularity, or cessation of menses; signs of virilism such as acne, hirsutism, and changes in voice may follow long-continued treatment. Manifestations are reversible when treatment is stopped. No untoward effects in the male.

VIOFORM Cream, Ointment

Manufacturer—Ciba Company Limited, Montreal.

Description—Vioform is Ciba brand of 5-chloro-7-iodo-8-hydroxyquinoline. The cream contains 3% in a water-miscible base. The ointment contains 3% in a petrolatum base.

Indications—Atopic dermatitis; eczema of external auditory canal; eczema of scalp, legs, scrotum, and perineum; chronic dermatitis; oil dermatitis; acute and intertriginous psoriasis.

Administration—Topically.

ESKELL

Manufacturer—Smith, Kline & French, Inter-American Corporation; Canadian distributors: Leeming Miles Co. Ltd., Montreal.

Description—A mixture of active principles, chiefly Khellin, from the plant, *Ammi visnaga*. Each tablet contains the equivalent of 40 mg. of crystalline Khellin.

Indications—For prophylaxis and treatment of angina pectoris and bronchial asthma. It is claimed that Khellin is a much more potent vasodilator than theophylline-ethylenediamine in the isolated heart; that it has a prolonged therapeutic effect with no demonstrable effect on blood pressure and pulse rate.

Administration—Initially, one tablet 3 times daily after meals (in a few cases 4 times daily) to produce "khellinization." Maintenance dosage should be determined in each individual patient. Anorexia, nausea, and dizziness are not infrequent but are not dangerous and can be controlled by careful regulation of dosage.

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Properly used, they provide "complete absorption of the flow."[4]

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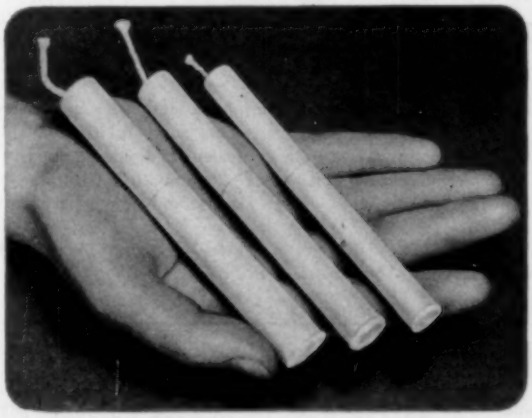
The fact that, during the last 14 years, *over 2 billion* TAMPAX have been purchased reflects the strong confidence that women place in their physicians' judgment.



REFERENCES

1. Am. J. Obst. & Gynec., 31:979, 1936. 2. Clin. Med. & Surg., 46:327, 1939. 3. Western J. Surg., Obst. & Gynec., 51:150, 1943. 4. Med. Rec., 155:316, 1942. 5. J. Health & Phys. Ed., 14:154, 1943.

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Indications—For the relief of nausea and vomiting, as in pregnancy, motion sickness, migraine, radiation sickness, vertigo, etc., where oral medication is not feasible.

MASSE NIPPLE CREAM

Manufacturer—Ortho Pharmaceutical Corporation (Canada) Limited.

Description—An absorptive, emollient, bacteriostatic and antiseptic cream containing 9-amino acridine 1:1000 and allantoin 2%.

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VOLUGEL

Manufacturer—E. B. Shuttleworth Chemical Co. Ltd., Toronto.

Description—A mixture of methylcellulose and carboxymethylcellulose, non-toxic, non-irritating, non-absorbable gels. Volugel tablets contain 0.5 gm. of mixture. Volugel stronger tablets contain 0.5 gm. of the mixture plus 0.7 mg. of the synthetic purgative, diacetylphenolisatin.

Indications—Conditions where a cathartic of the bulk-producing, colloidal type is indicated.

Administration—4 to 16 tablets daily until regularity is established. Then dose reduced gradually until none is required. Tablets should be washed down with plenty of water.

LIPO-ADRENAL CORTEX

Manufacturer—The Upjohn Company, Toronto.

Description—A sterile, biologically standardized solution of the steriod hormones of the adrenal cortex in cottonseed oil. Each cc. contains 40 rat. units (Survival-Growth) and is standardized by the Liver-Glycogen Deposition Test to be equivalent in biological activity to 1 mg. 17-hydroxy-corticosterone. Chlorbutanol 5 mg. per cc. To be stored in refrigerator.

Indications—Adreno-cortical insufficiency, as Addison's Disease and in surgical removal of the adrenal cortex.

Administration—Intramuscularly, in widely varying doses according to individual patient and condition. For maintenance in Addison's Disease, daily injections of 1 to 2 cc. are usually used.

NETHAPRIN CAPSULES

Manufacturer—Wm. S. Merrell Co., Toronto.

Description—Each capsule contains: Nethamine (methylethylaminophenylpropanol, Merrell) Hydrochloride 25 mg., Butaphyllamine (theophylline aminoisobutanol, Merrell) 60 mg., Decapryn (doxylamine, Merrell) Succinate 6 mg.

Indications—Bronchial asthma (especially in epinephrine-fast patients), asthmatic bronchitis, allergic or vasomotor rhinitis, pruritus associated with urticaria, atopic eczema, drug rash, and other allergies.

CENOLATE Ampoules

Manufacturer—Abbott Laboratories Limited, Montreal.

Description—Each cc. represents Ascorbic Acid U.S.P. 1,000 mg. (20,000 units) as the methylglucamine salt of ascorbic acid.

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Administration—Intramuscularly or intravenously.

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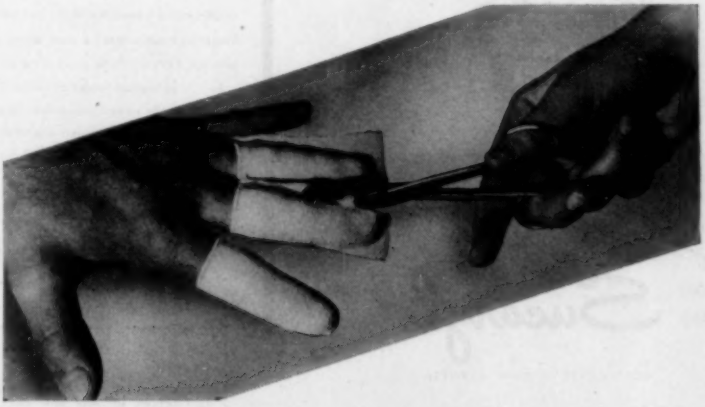

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The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME FORTY-SIX *NUMBER TEN*

MONTREAL, OCTOBER, 1950

Pride Tempered by Humility

Average reading time — 6 min. 24 sec.

IT CAN ONLY be expected that Canadian nurses will look back at their recent biennial meeting with a great deal of pride. The summary in the August *Canadian Nurse* provides exciting reading to those who attended as well as those who stayed home to assure that nursing services for the people of Canada would be maintained while their confrères were away planning for the future. The very fact that we have grown to the point where 1,300 nurses could sit down together, at one time and in one place, points to our development and symbolizes our strength.

Have you ever thought what it would be like to have someone say to *you*—"In the name of the Association, I leave the affairs of all of us in your capable hands"? When "all of us" means over 30,000 nurses, at a time when the demands on this group continue to grow and may well become, in the words of the past president, Miss Cryderman, a National Emergency? A sobering and apprehensive thought, is it not? The apprehension could very quickly lead to destruction if it were not for the fact that looking into the past is comforting. Past presidents have guided the association ahead steadily and soundly. It is at a biennial meeting that nurses grasp the overall picture of what has been gradually developing through the years. The great variety of interests among nurses has contributed to this growth. Whether as president of the Canadian Nurses' Association, as a member of the Executive, or through provincial or branch representation; whether the interest of the nurse is in institutional, public health, or private nursing; whether her problem is in nursing education, labor relations, public relations, or the welfare of nurses less fortunate than ourselves, Canadian nurses have worked together step by step until, at this meeting, they attained a unity of purpose, an agreement for action that cannot help but be an inspiration for each of us in the future. I know it paid in some measure for the struggles, the frustrations, and the disappointments that frequently have faced our past presidents. There were several of them at the meeting. They could not help but see the importance of the threads that they and their executives

had contributed to the fabric of our association's life.

What was the most significant decision coming from this unity of thought and action? Of course there will be disagreement about this. Viewed in the light of the future development of the C.N.A., there is no doubt about the importance of the clear conviction that what we have accomplished is good but not good enough; that it is time to make an appraisal of our activities and achievements with a view to the improvement of services rendered. This decision, which for the present is being called the "Structure Study," demonstrates that we are ready to look at ourselves critically, to ensure, in the face of rapidly changing conditions, that what we have and do is sound and, if not, to find out how we may better serve the public. With that decision and the assurance that we at last are able to finance this and certain other of our immediate needs, we can turn to others outside our own professional group for understanding and active support.

What does this decision mean to the individual members of the Canadian Nurses' Association? At the next biennial your national Executive is expected to present a report that will have far-reaching implications for the nursing profession in Canada. That is the responsibility of those whom you have elected to office nationally and, as the C.N.A. is a federation of the provincial associations, it is the responsibility of the provincial executives as well. The need for self-appraisal is immediate. We cannot wait for two years to ensure that Canadian nurses take their rightful place in plans for the provision of health care for the people of Canada. The decision was made for the association and it behooves every nurse to enlarge her knowledge of nursing and nursing matters, to appraise her place within her community and her association at all its levels. If we all accept this responsibility then the job is half done. The report, when it is received two years hence, will be partly accomplished and, following the biennial meeting in 1952, the new Executive will be able to implement the recommendations with the minimum clashing of gears and the maximum proficiency of performance.

If 30,000 Canadian nurses make up their minds to see that nursing fulfils its every possibility, then it will be done. We can already see the results when some of the nurses go to work seriously on a problem. We usually think of social change in terms of a hundred years. Yet, before our demonstration of an independent hospital school of nursing is much more than half completed, it has been announced that another such school is to be established in Canada immediately, based on the same idea but financed by four partners—a charitable foundation, the provincial department of health, the federal Department of Health and Welfare, and the hospital itself. Progress can be made quickly.

With such a review of the past, to be president of the Canadian Nurses' Association is a matter of great pride. Looking toward the future with the tools at hand provided by those who fought to bring us to maturity, apprehension becomes humility. Your new Executive is, in a large measure, untried in the national field, but they know they have the support of Canadian nurses who have had the experience of bringing this association through difficult years. We have the hope that many nurses will take a new or renewed interest in nursing affairs. Then all of us, with pride tempered by humility, will meet the demands of the future no matter what they may be.

HELEN G. MCARTHUR
President
Canadian Nurses' Association

Whether you be man or woman you will never do anything in this world without courage. It is the greatest quality of the mind next to honor.—JAMES L. ALLEN.

Recovery Room

HAROLD R. GRIFFITH, M. D.

Average reading time — 5 min. 36 sec.

THE IMMEDIATE post-operative period is a time when surgical patients should receive continuous skilful nursing care. For some patients the kind of attention received during this critical period may tip the balance between death or recovery. In order to be sure that all the advantages of modern specialized knowledge and equipment would be available for such patients, in 1943 we organized a Post-Operative Recovery Room at the Homoeopathic Hospital of Montreal. Since that time nearly 15,000 patients have passed through this department and we can say without hesitation that this is one of the best investments ever made. The advantages of a recovery room from the point of view of nursing efficiency and economy are fully and fairly covered in Miss Honey's excellent article which was published in the June, 1950, issue. I need only say that we agree entirely with her observations and that equally valuable advantages are apparent to anesthetists, surgeons, and to the patients themselves.

To set up a recovery room in an already over-crowded hospital may seem impossible. However, once we decided such a department was necessary, we gave it first priority, improvised space in what had been a partly enclosed solarium, and "sold" the idea to our Women's Auxiliary who raised the money needed for special equipment. The shape of our room is not ideal. It is too small for comfort but it has accomplished its purpose. A makeshift arrangement of some kind is possible in almost every hospital, because "where there's a will there's a way." It is wrong to feel that one must always wait for a new building or a new wing to provide such a valuable and satisfying addition.

The following are some practical points which, in the light of seven years' experience, we believe to be of importance to anyone who may be contemplating starting a recovery room in either an old or a new hospital. We realize that special circumstances may necessitate the modification of some of these suggestions.

DIRECTION

Medical direction of the recovery room is best undertaken by the anesthesia department. The modern anesthetist is well qualified to look after restorative procedures, oxygen therapy, blood transfusions, parenteral fluid service, and the handling of unconscious patients. With us, there has been no conflict between the authority of anesthetist and surgeon. For as long as the patient must remain in the recovery room the anesthetist assumes responsibility and the surgeon acts in a consulting capacity. Since there is confidence in the anesthesia staff, the surgeons are glad to be free of this responsibility and they know that their patients are receiving the benefit of the best in medical knowledge and nursing skill.

NURSING STAFF

Just as important as good medical direction is the proper selection and training of the nursing staff for a recovery room. An alert, intelligent graduate nurse should be selected and specially trained, then given this department as her full-time job. Since the work is interesting, stimulating, and satisfying, there should be no difficulty in finding suitable nurses. We have been singularly fortunate in this regard and the only reason we have had to change our recovery room nurses is because they seem to be prone to the infection of matrimony.

Genial Dr. Griffith is medical superintendent and anesthetist-in-chief of the Homoeopathic Hospital, Montreal.

The number of nurses required will depend on the amount of surgery being done. In our small hospital, with an average of seven operations a day, we have always on duty one graduate and one student nurse. For a hospital with a school of nursing it is most important that students get an opportunity for this specialized and highly valuable training.

Size and Location

An adequate recovery room should have space for as many patients as there are active operating rooms. In our hospital patients are brought from the O. R. on their own beds. This is an ideal arrangement since it obviates the extra dangers of frequent changes of position for anesthetized patients but we realize it is not possible in every hospital. We bring practically all post-operative patients to the recovery room—not only those who are in serious condition. For a patient with spinal anesthesia it is just as important to have constant attention until the anesthetic has worn off as it is for the patient recovering from ether or cyclopropane. Children are brought there after tonsillectomy so that they can get their often noisy awakening over in seclusion and so not upset their mothers or other patients in a ward. It is not necessary to have separate rooms for male and female patients—a curtain that may be pulled across between beds provides sufficient privacy.

It is important that the recovery room should be adjacent to or in proximity with the operating room. This permits closer liaison between anesthetists and recovery room nursing staff and minimizes transportation difficulties.

Duration of Patient's Stay

Whether the recovery room is organized for day-time only or for 24-hour service will depend on the number of cases to be handled, the nature of the operations, and the space available. In our recovery room the patients stay only until they are awake and do not need constant nursing attention. However, if we were planning a new hospital, I would recommend an arrangement whereby patients could be cared for as long as two or three days in the recovery room so that the occasional complications which arise in cardiac, thoracic, and abdominal cases might be handled expeditiously and efficiently. The average patient would still be out of the recovery room in an hour or two but, if it were possible to keep complicated cases there much longer, there should be less difficulty in maintaining routine nursing care for the less demanding patients in the surgical wards. This is in line with the modern idea of "graded nursing care."

Financing the Recovery Room

We have made no charge to the patient for recovery room nursing care, although the usual service charges for blood transfusions, intravenous therapy, and other drug administrations are made. For purposes of convenience, we have combined our Blood Bank with the recovery room, under the same medical and nursing supervision. This arrangement might not be suitable for another hospital. With us, it has run so smoothly that we have not yet joined the Red Cross Blood Transfusion Service. The service charges from 800 blood transfusions given annually have covered the whole cost of the recovery room. However, even if this source of revenue was not available, we would still recommend the installation of a recovery room as a good investment.

Other Uses

A hospital department which is set up with readily available equipment for all kinds of supportive treatment may well be used for other than post-operative patients. Any patient who needs to be intubated for respiratory obstruction, or to have tracheal aspiration performed for atelectasis or increased secretions, may be handled most expeditiously in the recovery room. It is used for poisoning cases and for comatose patients who are being investigated.

Acute Anterior Poliomyelitis

ANNABEL MCCARTHY

Average reading time — 20 min. 48 sec.

ONCE AGAIN the savage hand of poliomyelitis, or infantile paralysis as it was formerly classified, has dealt its brutal blow on the province of Ontario. The toll of the epidemic in 1949 was the heaviest experienced since the epidemic in 1937 in which there were some 2,544 cases reported with 116 deaths or 3 per 100,000 population.

The accompanying Tables I and II illustrate the prevalence of the condition, its devastation to life, and the fact that it tends to run in cycles. These figures include only those cases which have been serious enough to warrant hospitalization but it is felt that there have been almost as many more unrecognized or undiagnosed cases which may have played an important role as carriers.

Epidemiologists have expressed the opinion that the ratio of clinically recognized cases to non-symptomatically infected persons was somewhere between 1-10 to 1-100.

INCIDENCE

The occurrence of this disease is world-wide with sporadic cases appearing around the globe. Epidemic prevalence is more marked in temperate latitudes. There is no racial immunity nor does it appear to be influenced by social or economic status. No longer is it a disease of infants as was formerly understood. All age groups are affected—those reported in Ontario ranging from 4 months to 64 years. The case rate is higher among males, particularly in the older age group. In Ontario the disease is most prevalent during the warm dry months—from May to November. In contrast to this, a serious epidemic occurred among the Eskimos in the eastern Arctic region of Canada during the months of February and March, 1949.

TABLE I

ACUTE ANTERIOR POLIOMYELITIS IN ONTARIO

Year	*No. of Cases*	*No. of Deaths*	*Paralytic*	*Non-Paralytic*
1937	2,544	116		
1938	160	18		
1939	216	13		
1940	87	12		
1941	140	12		
1942	89	9		
1943	81	7	51	30
1944	332	21	157	175
1945	183	11	83	100
1946	512	33	235	277
1947	792	31	366	442
1948	369	21	125	244
1949	1,135	69	404	731

Miss McCarthy, a medical supervisor at Toronto Western Hospital, was herself a polio victim in 1949. She prepared this material in the hope that it would be helpful to other nurses who have had little to do with the disease.

TABLE II

CASES TREATED IN RIVERDALE ISOLATION HOSPITAL, TORONTO

Year	*Total No. Cases*	*Deaths*	*Died in Respirator*	*Cases Requiring Respirator*
1937	501	23	2	15
1942	9	0	0	–
1943	15	3	–	–
1944	56	1	–	–
1945	34	2	2	2
1946	105	9	5	10
1947	190	7	5	11
1948	70	6	5	6
1949	260	24	6	15

ETIOLOGY

Anterior poliomyelitis is a virus infection. The virus multiplies only in the presence of nerve tissue with the greatest concentration of organisms found in the spinal cord, medulla, and mid-brain. It is not found in the blood or cerebrospinal fluid. There is no known living reservoir for the organism other than man, but it has been known to retain its vitality for 200 days in feces. It is stated that if the colon of the infected individual is not emptied by regular evacuation, during the early stages of the disease, the virus which accumulates in this area will tend to reinfect the patient, causing a second febrile period.

Nasal and pharyngeal secretions and feces have been found to be the chief sources of infection. The ways in which the organism may reach man are: droplet infection—direct, through personal contact; indirect, through such vehicles as towels, dishes, and dust; food, milk, and drinking water which have been contaminated by flies or fecal matter; water in rural districts, which is used for swimming or washing dishes.

Fatigue, pregnancy, trauma such as a tonsillectomy which leaves afferent nerve fibres exposed, all predispose to the development of the disease. Muscular effort in the preparalytic stage may have some bearing on the localization of paralysis. At first, it was generally accepted that the organism entered the body and travelled along the nasopharyngeal neural pathways to reach the anterior horn cells, but it now seems probable that there are other potential pathways from various levels of the alimentary tract. It is believed that all muscle power and tendon-reflex loss are due to infection of the anterior horn cells with possible paralysis of the hundred or more muscle fibres supplied by each. Hence, recovery of the neuron function would only follow repair of cells which have not reached a stage of neuronophagia. The disease is characterized by the dissemination of involvement, following no set pattern or symmetry. An apparently normal muscle may have some paralyzed fibres. It is not uncommon to find a right leg and a left arm affected in one individual. Only one of the several muscles called into play in performing the function of a limb may present a marked weakness.

PRODROMAL SYMPTOMS

The incubation period of the disease ranges from 5 to 35 days, the majority of cases being from 5 to 14 days. When the virus has multiplied sufficiently to form toxins certain characteristic symptoms become evident. These include: fever headache, listlessness, nausea and vomiting, constipation, sore throat, stiffness of the neck and spine giving rise to inability to touch

the chin on the chest or bend down to touch the feet without experiencing pain; muscle tenderness and irritability.

Onset

The symptoms may subside at this point and the case would be classified as non-paralytic or abortive. However, it may advance to the more serious phase—the paralytic type. The development of weakness may be spontaneous or gradual in its distribution but the extent of the paralysis is usually maximal within a few days of the onset of the symptoms. This does not hold in the case of a muscle which has become over-fatigued because permanent damage may be done for several months after onset if this occurs. Regeneration of the nerve fibres controlling these muscles varies in rapidity depending on the extent of the damage encountered. Maximal recovery usually is experienced within the first six months but may be prolonged at a slower rate up to two years.

Bladder involvement is quite common during the early stages, necessitating catheterization. This function returns eventually. Stasis of the bowel occurs in the majority of cases due to loss of power in the abdominal muscles. This requires prolonged and constant treatment with enemata. Harsh purgatives are avoided, thus preventing overwork of the weakened musculature of the intestinal tract. Cases where there is marked loss of tone may be given a Mayo enema which is very effective in producing peristalsis. This is made with 1 oz. soda bicarbonate, 2 oz. granulated sugar, 8 oz. water, and given at a temperature of 105°F. When power begins to return, regulation of bowel habits may be achieved quite effectively by the use of agarol and roughage in the diet.

Fastigium

Death is commonest on the fourth day of the disease with 90 per cent of the deaths occurring in the first fortnight—almost always from acute respiratory failure. Apnea results from either concurrent intercostal, diaphragmatic paralysis (spinal lesion) or from involvement of respiratory centre (bulbar lesion). Asphyxia may follow laryngeal spasm or paralysis or the pooling of mucus in the throat.

Treatment

The treatment of acute anterior poliomyelitis is carried out in three stages: (1) A period of rest, during which measures are carried out to prevent deformities; (2) physiotherapy; (3) the chronic stage with reconstructive surgery.

Rest is the keynote to recovery throughout the whole course of the disease but particularly during the acute stage while there is any inflammation present. This is one of the easiest things to order but most difficult to carry out and must be both general and local. All febrile cases must have complete bed rest. During this period, the patient should be kept in as nearly a normal posture as possible without causing distressing discomfort. Local rest is achieved by the use of splints or foot-boards as indicated. Muscle tenderness is an indication that the lesion in the spinal cord has not reached its finality. The patient must remain at rest as long as this is present. Any recurrence while under treatment means a return to the rest period. It is rather appalling for the bread-winner of a family or the mother of a small child. It requires a great deal of tactful explanation and reassurance on the part of the attendants. What is six months now compared to the rest of a lifetime?

Physiotherapy

When all the inflammation has subsided, the all-important work of the physiotherapist begins. It is on this phase of the treatment that we rely for the increase in the power of the affected muscles. The first approach is in muscle re-education and isolation of movement. This must be done by a person with a good working knowledge of anatomy who can be sure they are training the right muscles. The patient in his enthusiasm

to produce movement will tend to build up an already strong muscle, which may be either antagonistic in its function or carry the movement in an abnormal direction, resulting in future deformity. To relieve muscle spasm and increase range of movement the use of moist heat is helpful. It is generally felt now that the Kenny method of treatment is a little outdated. It was not a cure and took considerable staff to change the packs which cooled quickly. It did, however, have a sedative effect on the patient, cutting down on the need for analgesics. It also had a psychological effect on both the patient and the relatives in so far as they felt that there was action and plenty of it. Even more important, it did stimulate the medical profession to renewed effort in the hope of finding some means to reduce the high percentage of cripples.

Supervised exercise in a warm pool has proven very helpful. The heat is relaxing, allowing an increase in the range of movement. Moreover, the buoyancy of the water aids the patient in his endeavor to improve the normal function of the limb by relieving much of the weight.

Muscle power is evaluated and recorded at various stages of the disease. In the past, this was done by the estimation of the examiner in a subjective analysis of potential muscle power and graded as normal, fair, or nil. The Ontario Government has now installed a machine known as an "electromyograph" at the polio research centre at Thistletown. The purpose of this machine is to make a scientific grading as a percentage of normal of the power of the muscle during contraction. It is hoped that with this machine it will be possible to determine the approximate time of recovery, the relationship between pain and muscle spasm, and evaluate certain drugs as to their ability to relieve pain and spasm.

Ambulation

When the patient becomes ambulatory, great care must be taken to avoid over-fatigue. A normal muscle when overworked will tire and lose power. This occurs much sooner in polio and, if not recognized, the damage may be permanent. The appearance of fatigue is evidenced by a regression of power and a lessening of range of movement.

Orthopedic braces, splints, belts, and correctives have played a valuable role in aiding people to fulfil a useful place in life. These should be light and a good fit. The new paraplegic chairs are easily manipulated and allow patients with lower limb involvement to get out of bed at a much earlier date. These individuals, however, should not be allowed to become too dependent on this means of locomotion and give up the fight for their own power.

Life has been maintained in many patients with marked respiratory embarrassment by the use of the respirator. In these cases the lesion is high and there is usually involvement of the arms, legs, and trunk. Here again reassurance and explanation are most essential, particularly when removing the patient from this machine which has been breathing for him. There is a great fear of having their "wind cut off" and in many of these individuals sleep cannot be induced even with the use of strong sedatives. There are new respirators on the market which cover the chest alone. This leaves the rest of the body easily accessible for nursing care and physiotherapy treatment. Some of the cases with respiratory distress may be relieved by placing them on a rocking bed. The rhythmic drop and elevation of the foot of the bed causes the diaphragm to fall and rise, thus allowing the chest cavity to fill and be emptied of air. The shorter period these devices are required the better is the prognosis, although life has been maintained in this manner for several years.

When no further change is to take place, or the so-called chronic stage has been reached, then and only then should reconstructive surgery be resorted to. This includes operations on tendons, fascia and ligaments, or bone surgery by the hands of a surgeon skilled in that line of work.

There is no specific drug, sera, or antibiotic which has proven helpful either in the prophylaxis or cure of poliomyelitis. It is felt that infants acquire an immunity for the first few months of life from the mother. Second attacks are uncommon and, if such occur, are thought to be due to invasion of a different strain of the virus than that causing the primary attack.

In making a diagnosis of anterior poliomyelitis, certain findings are expected:

1. The presence of virus in material prepared from: (a) throat swab taken during the first week; (b) feces up to three months.
2. Typical histological lesion in the central nervous system after death.
3. Typical changes in cerebrospinal fluid: (a) Rise in total protein above 45 mg. per 100 ml.; (b) positive globulin (Pandy's test)—50% of cases; (c) raised total cell count—above 1 per 3 cu. mm; (d) predominance of mononuclear cells; (e) absence of bacteria, spirochetes, fungi, or protozoa; (f) negative Wassermann.

Nursing Care

To provide good nursing care in this disease is a challenge to any nurse. It requires skill, tact, understanding of the disease and of people, sympathy, a cheerful bedside manner, a desire to help, and the ability to teach and to gain confidence. The nurse is dealing with an individual who has undergone a general upset of the whole nervous system and there is a large psychological element to be dealt with as well as the physical defects encountered. She is one of the chief crutches on which the patient leans when he awakens to the fact that he is ill, that he has lost the use of a limb or perhaps his entire body, and has no reassurance as to when, if ever, he will regain this power. Explanation, efficiency in work, and an optimistic outlook on the part of the nurse do a great deal to put the patient at ease both physically and mentally.

During the acute phase of the condition, it is the nurse's duty to institute appropriate measures. Pillows may be used to position a limb, taking the strain off it. These should be placed under the direction of the physiotherapist because here again a pillow placed incorrectly may cause undue tension on another muscle and in this way do damage. A limb which is lying helpless should be guided with a firm steady movement in changing position, giving support to the whole limb. It can cause great pain to carry the weight of a limb by means of a tight grasp on the body of a muscle.

Bedding should be warm but light. There is an impairment of circulation in the lower extremities which tends to cause muscle pain, aggravated by chilling. A hot-water bottle frequently relieves this but great care must be taken not to burn the patient, particularly when sensation is poor or the patient is unable to move away from the heat. Heavy blankets tend to tire a patient and can readily cause foot-drop. These people perspire freely during the acute phase and on exertion while weakness is present, necessitating a frequent change of bedding to avoid chilling. Good care to the skin with frequent bathing is most essential, not only because some of these patients are bed-ridden for many months but also because there is a characteristic heavy body odor which accompanies the disease and may be very embarrassing.

Because of the degeneration which takes place in the affected tissues, it is very important that good nutrition be maintained. Here again the nurse plays an important role in supervision and in assisting the patients to eat a nutritive and attractive diet. The majority of the bulbar cases require gavage feedings. It is the nurse's duty to see that these are given on time and that the tube is washed out routinely to prevent milk products from souring in it.

Keen observation and the ability to interpret symptoms are essential in providing intelligent care for these people. It is the nurse who is in the optimum position to notice a distended bladder, with inability to void, the onset of respiratory difficulty,

drowsiness, or unusual headache ushering in an encephalitis, deformity from poor posture, or extension of weakness or paralysis. Anticipating the needs of the patient before they have become concerned about them—a sip of water, a limb that requires turning, hair that needs brushing—all aid in the general comfort of the patient.

Convalescence is slow and much needs to be done to prevent the patient from becoming discouraged. Occupational therapy, recreational activities, such as reading, motion pictures, needlework or leatherwork, help to occupy the time and show the patient that he will still be able to take a place in life, regardless of his disabilities. As soon as they are able, these patients should be encouraged to do little things for themselves and not continue to be dependent.

Control

Although there is still much more to learn about the disease there is much that can be done to aid in its control. Governmental authorities, realizing the seriousness of the situation, have made provision for hospitalization for all infected individuals. It is a disease reportable to the Department of Health and public health officials carry out an extensive search in an endeavor to locate the source of infection and follow up contacts. Early diagnosis is important as well as hospitalization, with adequate nursing care. Isolation should be continued for three weeks with concurrent and terminal disinfection, paying particular attention to proper handling and disposal of discharges from the nasopharynx and fecal material. Education of the public and adequate after-care to prevent crippling should aid in the attempt to cut down on the devastation wrought by this dread disease.

References

1. Adamson, J. D. Poliomyelitis in the Arctic. *Can. M.A.J.*, Vol. 61, No. 4, Oct. 1949, pp. 339-348.

2. Lacey, B. W. The Natural History of Poliomyelitis. *London Lancet*, May 21, 1949.

3. Landauer, Kenneth S. Recommended Practices for the Control of Poliomyelitis. *The Merck Report*, Oct. 1949, pp. 11-15.

4. Mewburn, F. H. Some Experiences with the After-Care of Poliomyelitis. *Can. M.A.J.*, Vol. 61. No. 3, Sept. 1949, pp. 286-289.

5. University of Toronto, Dept. of Hygiene and Preventive Medicine. Acute Anterior Poliomyelitis—Notes on hygiene and preventive medicine, p. 175.

Terramycin in Pneumonia

Of 25 patients with severe cases of pneumonia, 100 per cent were cured when treated with terramycin, according to reports by a group of four doctors at the Columbia-Presbyterian Hospital in New York. The results of this therapy with terramycin, newest discovery among the earth-mould drugs, are detailed in the current issue of the *Journal of the American Medical Association*.

Eighteen of the cases were bacterial lobar pneumonia and seven were virus (primary atypical) pneumonia. The results indicated, according to the doctors, that "terramycin is remarkably effective in the treatment of both types of infection."

There were no complications and all patients made a rapid and complete recovery. Among the patients with lobar pneumonia, with the exception of one subject, the doctors said there was "a dramatic fall in the temperature within 24 to 36 hours after the first dose of terramycin was given." Temperatures of the virus-pneumonia patients fell within 36 hours after the first dose of terramycin.

The doctors found no serious toxic effects attributable to the terramycin therapy and in only 9 of the 25 cases did any symptoms of gastrointestinal irritation occur. "These resembled the symptoms seen after the administration of aureomycin," the doctor. reported, "but seemed less severe." In all cases, terramycin was administered by mouths

Lyle Creelman *Writes . . .*

Average reading time — 6 min. 48 sec.

THE PATTERNED farmlands bordering the Danish coastline are slipping past below. I am on my way to Amsterdam from Göteburg, Sweden, where I have been attending the Quadrennial Congress of the Northern Nurses' Association, which was held July 2-6.

Göteburg, known as the "Gateway to Sweden," is a city of beautiful fountains, parks, and water-ways. It was founded in 1621 and today ships from far distant parts of the world drop anchor in its harbor. It is also the home port of the Swedish-American luxury liners.

The Congress was held in the Mässhallen outside of which were flying the flags of all the countries represented at the Congress. Someone expressed their regrets that it had been impossible to find a Canadian flag but as I was representing WHO it was quite right that a Canadian flag was not included. Before the Congress was over, however, I did step out of my official role and, as a Canadian, extended greetings from all of you at home.

The 1,250 nurses in attendance came from the five countries of Northern Europe—Sweden, Norway, Denmark, Finland, and Iceland. Included also from each were representative student nurses. Some came in their national costumes, adding a note of color to the meetings and the festive occasions. The opening of the Congress was attended by the Crown Princess Louise of Sweden and I had the added honor of sitting beside the Princess at the opening session. She is a charming and gracious person, keenly interested in nursing activities. Dr. Axel Höjer, who is a general director of the Department of Health in Sweden and also a member of the Executive Board of the World Health Organization, gave the first address, speaking on the program and policy of WHO.

The International Council of Nurses was represented by Miss Daisy Bridges, executive secretary, who also spoke at the opening session and brought greetings from the nurses of other countries in the world. Two visitors from the United States brought personal greetings from American nurses.

Opening session of the Quadrennial Congress of the Northern Nurses Association. Miss Creelman, the Crown Princess, and the vice-president of local nurses' association are in foreground.

Norwegian nurse in national costume.

The principal theme at the Congress was the integration of public health, not only into the basic curriculum for nurses but into post-graduate courses as well. On the first day, four very interesting papers were presented on this subject, starting with the integration into the basic curriculum of a school already established; then, how you would integrate public health when you were planning a new school; thirdly, methods of integrating public health into the program of staff education in a hospital; and, lastly, the subjects which should be included in post-graduate courses for fields other than public health nursing. Of course, I really did not understand one word that was being said but from the vivacious manner of presentation by the speakers, the interest of the audience, and the highlights which I heard interpreted later, I know that the Northern nurses are well advanced in their thinking along these lines. The day following the presentation of this main theme, small groups were organized to discuss details and on the last day of the Congress reports were presented with appropriate resolutions.

Another special topic discussed was the responsibility of national nursing associations to act as "bargaining agents" and the relationship of national associations with trade unions. We gathered that the nurses of these countries are very strongly in favor of strengthening their professional organizations but, at the same time, they believe that they should belong to the same associations as the other personnel with whom they work daily in their respective agencies or institutions. Another session of the Congress was conducted as a panel discussion on the nomenclature and duties for all groups of nurses. Are not these just the same topics which are being discussed the world over in professional nursing groups?

Highlights of the Congress were visits to small country towns about three hours outside Göteburg. The group of which I was a member visited the little fishing town of Lysekil (not pronounced at all as it is spelt!). Here we were met by the city officials and, after a lunch served in true Swedish hospitality, we boarded a boat and had a delightful two-hour cruise among the islands of the Swedish coast. It reminded me very much of parts of Nova Scotia's rocky coast-line. After returning, we were the guests at the beautifully equipped and modern country hospital and, here again, were served a wonderful meal. Feeling tired, but very relaxed and delighted to have met new friends, we were waved on to the train for our return to Göteburg.

The Congress closed with a reception and garden party in the spacious grounds of a tuberculosis sanatorium on the outskirts of Göteburg. Here all 1,250 of us were served supper, following which we sat on a sloping hillside in the long northern twilight and watched enacted some of the scenes from the Chronicle play which so many of you saw in Stockholm last year. During the supper hour a plane flying over dropped hundreds of bouquets of flowers—greetings from the doctors to the Congress members and their guests!

I remained in Göteburg one day following the Congress, so that I could visit some of the public health

nurses and learn something of their work in Sweden. There, a generalized public health nursing service, which includes bedside nursing, is being developed. This, however, does not include prenatal care and maternity care which is given by the district midwives. As an increasingly larger percentage of mothers are being delivered in hospitals, the future of district midwifery is under discussion. I visited a small child health centre where the mothers bring their babies and receive very kindly and efficient teaching from the public health nurses and the doctor. One hundred and twelve newborn babies had been admitted to this centre since January 1 and all but one had had BCG immunization before leaving the hospital. This one baby was of non-Swedish parents! BCG vaccination is voluntary in Sweden but practically all parents desire it for their children. I visited also a new district health centre, a beautifully constructed building, containing consultation rooms, examining rooms, and dental rooms. It was one of the type being planned for many districts in Sweden. I regret to say that I did not see any like it when I travelled across Canada!

I am sure that now the land below is the Netherlands and that very soon we shall be landing at the Schipol Airport near Amsterdam. From there, I am going on to The Hague where, with Helen Martikainen, chief of our Health Education of the Public Section, plans will be initiated for a working conference for public health nurses, which will have participants from ten European countries. I shall be telling you about it later.

In the Good Old Days

(*The Canadian Nurse, October 1910*)

"Florence Nightingale was born in 1820, her father being a Mr. Shore who, on inheriting estates in Yorkshire and elsewhere, had taken the name of Nightingale. Her maternal grandfather was one of the many philanthropists who between them helped to bring about a cessation of the slave trade. . . .

"Miss Nightingale did not return home from Scutari until the very last of the hospitals had been closed. A man-o'-war had been told off to convey her home as a mark of the Government's share in the enthusiasm created by the work of herself and her assistants, but quite characteristically she came home alone in a foreign ship under an assumed name."

* * *

"Nursing is now a definite occupation, competing for recruits almost on the same footing as other occupations for women. It is attracting a much smaller proportion of ladies than was the case some years ago, and heads of some great institutions are reported to be finding a difficulty in securing probationers of the kind they would desire. In the hospitals the nursing is perfect from a technical point of view, but there is also in most of them some lack of the kind of spirit commonly associated with the name of nurse."

* * *

"The Victorian Order of Nurses of Hamilton is doing a splendid work through its Clean Milk Committee. This committee has issued a pamphlet entitled 'How to Take Care of Babies during Hot Weather,' which contains many helpful hints and much sound advice. The far-reaching benefits of this work cannot be estimated and the V.O.N. is to be commended for the inauguration of this work on behalf of the little children."

* * *

"During labor, the nurse can help her patient by massaging both sides of the spine—this is claimed by some to give almost painless delivery."

* * *

"Registration is one of the very important matters we have to deal with in the future. The preparation is being handled in such a way that all graduates of good standing should be proud and eager to offer their support. Registration is a necessity and when we are called upon to assist in establishing this we must firmly stand our ground and push forward to claim our rights which have been withheld from us so long."

Meet Your Executive Committee

Only a small proportion of the nurses of Canada were present at the C.N.A. convention in Vancouver when the new officers, chairmen of national committees, and members of the nursing sisterhoods were installed in office as the Executive Committee of the Canadian Nurses' Association. The new president, **Helen McArthur,** was introduced through the pages of our August issue. We take pleasure in presenting to our readers the other members of the Executive who will guide the affairs of our association for the biennium of 1950-51.

HELEN MCARTHUR

Ethel M. Cryderman, immediate past president, is as widely known as the capable superintendent of the Toronto branch of the Victorian Order of Nurses as for the energetic leadership she demonstrated during her term in office as president. Internationally, Miss Cryderman headed the Canadian delegation to the 1949 I.C.N. Conference in Stockholm. She spoke forcefully for Canadian nurses at the several meetings of the Board of Directors of the I.C.N. At home, she gave constant and careful consideration to the professional problems confronting us and rallied strong leaders to her side in steering a successful course. Her knowledge of nursing affairs will make her a valuable counsellor to the new president and the Executive Committee.

Seldom has there been such a complete change in the ranks of the vice-presidents of our association. Coming to the fore as

ETHEL CRYDERMAN

first vice-president is **Gladys J. Sharpe,** director of nursing at Toronto Western Hospital. This will be Miss Sharpe's first term of office on the national Executive though for four years she was convenor of the national Committee on Instruction. She has been a vice-president of the Registered Nurses' Association of Ontario for the past year.

Mis Sharpe has had a distinguished career in nursing. Following graduation in 1925 from Toronto Western Hospital, her service on the staff there was interrupted by a year's work at the McGill School for Graduate Nurses in 1927 and by her selection as recipient of the Florence Nightingale International Foundation Scholarship awarded in 1935 for study at Bedford College, University of London. During World War II, Miss Sharpe acted as liaison officer between the Canadian

John Palmer, Toronto

GLADYS J. SHARPE

nurses who enlisted for service in South Africa and the government. The distinguished service she rendered earned her the Royal Red Cross. After completing work for her B.S. degree from Teachers College in 1946, Miss Sharpe was appointed the first director of the course in nursing education at McMaster University, Hamilton. She returned to Toronto Western to assume her present duties in 1949. Thoughtful, far-sighted, and well informed, Miss Sharpe will give strong leadership in her new role as first vice-president.

Trenna G. Hunter moves up from two years' experience as chairman of the national Committee on Public Health Nursing to the responsibilities inherent in the office of second vice-president. As the successful director of nursing service in the large organization that is responsible for public health nursing service in Vancouver, the Metropolitan Health Committee, Miss Hunter brings representation from the Pacific Coast to the Executive. A graduate of the Vancouver General Hospital and holding her B.A.Sc. (nursing) from the University of British Columbia, Miss Hunter's experience has given her a broad understanding of current nursing problems and an appreciation of the necessity for nurses themselves to take the initiative in solving these problems. Her analytical mind and ability to get things done will be a strength to the new Executive.

Alfred Knight

TRENNA HUNTER

Harold K. White, Winnipeg

BERTHA L. PULLEN

Bertha L. Pullen, the third vice-president, is making her first entry on the national nursing scene. A graduate of the University Hospital of Chicago in 1918, Miss Pullen had already had a very active professional career before she assumed her present duties as superintendent of nurses at the Winnipeg General Hospital. Immediately following graduation she sampled private nursing, general staff work, office nurse and head nurse duties. In 1922 she began her degree work at Teachers College. After receiving her B.S., Miss Pullen became educational director at Norwegian Hospital, Brooklyn. In 1927 she went as supervisor to the Anna Nery School of Nursing in Brazil, becoming superintendent of nurses there the following year. After three years, she became associate dean of the school of nursing at Baylor University, Dallas, Texas. In 1933 Miss Pullen returned to her former position in Brazil until she decided to resume her studies at Columbia. Receiving her M.A. in 1939, she became director of the school of nursing at Methodist Hospital, Indianapolis, where she remained for five years.

Miss Pullen has been active on, and in many cases chairman of, numerous professional committees in the United States, including Indiana State League of Nursing Education, Nursing Council for War Service, Red Cross Nursing Service Committee, etc. She has also found time for membership in the Women's University Club, Soroptimist Club, Business and Professional Women's Club, and the Canadian Institute of Inter-

national Affairs. With this exceedingly diversified background of interest and activity, Miss Pullen will make a valuable contribution to the thinking and action of our Executive.

National Committee Chairmen

Mary E. Macfarland, who is the new chairman of the Committee on Institutional Nursing, is very familiar with all of the activities of the modern hospital. Ever since her graduation from the Toronto General Hospital in 1926, she has displayed a capacity for leadership which was demonstrated in the increasingly responsible positions she has occupied on the staff of the Toronto General Hospital. In 1937 Miss Macfarland was awarded the Jean I. Gunn Scholarship and engaged in post-graduate study in teaching and supervision at the University of Toronto School of Nursing. She assumed her present responsibilities as superintendent of nurses at T.G.H. in 1942. In the tradition of her predecessors in this position, Miss Snively and Miss Gunn, she is keenly interested in the cultural as well as the professional side of her nurses. She is a clear thinker, broad-minded, and alert to the importance of the work of the committee which she now chairs.

Randolph Macdonald, Toronto

Mary E. Macfarland

Helen M. Carpenter has been vitally interested in every phase of public health nursing since her graduation from Toronto General Hospital and the University of Toronto in 1933. As chairman of the Public Health Nursing Section of the Canadian Public Health Association, Miss Carpenter has been a member of the executive of the Committee on Public Health Nursing, C.N.A. This experience will be valuable to her in her new function as chairman of our national committee. It will also help to iron out possible instances of overlapping in the activities of these two important committees.

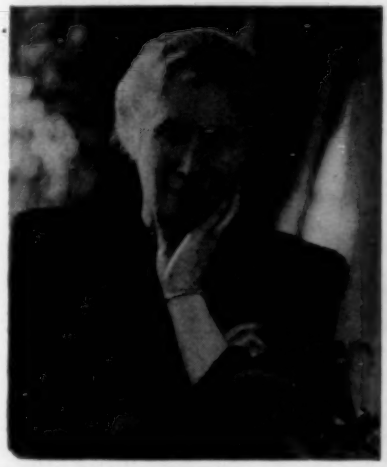
After eight years' work with the Victorian Order of Nurses in Hamilton and Toronto, Miss Carpenter received the award of a T.G.H. alumnae scholarship. She proceeded to Teachers College where she completed the work for her B.S. degree in 1943. At the end of one year as consultant in public health nursing with the B.C. Board of Health, Miss Carpenter was awarded a Rockefeller Fellowship. She secured her M.P.H. from Johns Hopkins University in 1945. She was appointed to the dual role of lecturer in public health nursing at the University of Toronto School of Nursing and supervisor of the nursing service of the Department of Health of East York Township. This health unit was set up as a demonstration centre for teaching purposes for medical and nursing students. Miss Carpenter has since relinquished her supervisory duties and is at present full-time on the university faculty. She has, therefore, an unusually broad grasp of all the problems affecting public health nursing. She brings a sound and informed point of view to her new chairmanship.

Helen Carpenter

Another new-comer this year is **Noreen Malone,** chairman of the Committee on Private Nursing. A graduate of Sherbrooke Hospital in 1935, Miss Malone had a number

of years of business experience behind her before she began her training. She has devoted herself professionally to private nursing since her graduation. She has recently been chairman of the private nursing committee of District 3, A.N.P.Q. We look to her for leadership of this large proportion of our association.

Nettie D. Fidler, director of the Metropolitan School of Nursing and a well-known figure in nursing affairs, has resumed the office which she held so successfully during the past biennium—chairman of the Committee on Constitution, By-Laws and Legislation. Miss Fidler is immediate past president of the Registered Nurses' Association of Ontario.



NETTIE D. FIDLER

H. Evelyn Mallory returns to the Executive as chairman of the very important Educational Policy Committee Few nurses have a more comprehensive grasp of all the implications of present-day trends in nursing education than Miss Mallory. With all the promised developments of this biennium, her wise and considered leadership will be immensely valuable. She has held many offices in both provincial and the national association. She is in charge of the expanding nursing department at the University of British Columbia.

NURSING SISTERHOODS

Only two new personalities are found among the representatives of the nursing sisterhoods on the Executive.

Marlow, Vancouver

EVELYN MALLORY

Sister Denise Lefebvre, representing Quebec, has been a member since her election as honorary secretary of the C.N.A. in 1946. Sister Lefebvre has had a wealth of experience in the matter of the evaluation of schools of nursing. With the growing consideration of this important development in our national association, sound leadership may be anticipated.

SISTER DENISE LEFEBVRE

Sister Delia Clermont, representing Manitoba and Saskatchewan, is director of nursing at St. Boniface Hospital, Man. During the 1946-48 biennium Sister Clermont, as chairman of the national Institutional Nursing Committee, steered through to completion a very worthwhile project—the compilation of a *Manual of the Methods of Job Analysis and its Related Techniques Applied to Hospital Organization*. All who

know Sister Clermont realize what a strength she will be to the Executive Committee in its deliberations.

SISTER DELIA CLERMONT

Sister Mary Claire, director of nursing at St. Joseph's Hospital, Victoria, returns for the second term as the representative of British Columbia and Alberta regions. Sister Mary Claire, who is also president of Vancouver Island District of the R.N.A.B.C., is well versed in nursing affairs. She has much to contribute to the national discussions.

SISTER MARY CLAIRE

Sister Catherine Gerard takes her place on the national Executive for the first time as the representative from the Maritimes. This new responsibility will not worry one who has been so very active in the affairs of her provincial association. A member of the R.N.A. N.S., she was chairman of their Hospital and School of Nursing Section for several years. Currently she is second vice-president of the Registered Nurses' Association of Nova Scotia. A graduate of Hamilton Memorial Hospital, North Sydney, N.S., in 1922, Sister Catherine Gerard has moved through an ascending orbit of responsibility at the Halifax Infirmary to her present position of associate administrator.

SISTER CATHERINE GERARD

Last, but by no means least, in this brilliant group of nursing leaders is **Sister Mary Grace,** representing the Ontario sisterhoods. A graduate in 1934 of St. Joseph's Hospital, Hamilton, Sister Mary Grace was surgical supervisor there for two years, followed by three years as instructor. She went to St. Mary's Hospital, Kitchener, as superintendent of nurses for a year in 1939 then returned to Hamilton to occupy that same post for four years. Following a post-graduate course in hospital administration at the University of Toronto in 1945, Sister Mary Grace assumed her present duties as director of nurses and principal of the school of nursing at St. Mary's Hospital. She has been a member of the Legislation Committee, R.N.A.O., and one of their representatives on the Ontario Health Survey Committee. During the past biennium she was a member of the C.N.A. Finance Committee. A wise counsellor and a loyal supporter of professional nursing.

Institutional Nursing

Idealism and the First-Year Student Nurse

SISTER MARGARET MOONEY, R.H., B.Sc.N.

Average reading time — 10 min. 24 sec.

"WHAT IS THIS BUSINESS of living all about, Sister? I can't understand why—WHY—I ever wanted to be a nurse! Before I came I visualized nursing as a grand and noble profession. I thought it would be glorious to help others, to relieve suffering, to care for little children and to soothe and comfort dear, old people, whose own folk perhaps neglected them. I knew that I would have to study and work hard to reach my ideal and I thought I could do it, too. I saw 'Angels in White' four times and I was sure that I could become (now don't laugh, Sister!) 'an angel of mercy'—understanding, efficient, and gracious—one who could command and be worthy of everyone's love and homage!

"And now, Sister, now, I am completely and utterly discouraged! I've tried to pray but it doesn't get me anywhere. No matter how hard I study and work, nobody is ever satisfied. The doctors crab and the supervisor is *so* unfair! I dread going over to the misery and suffering and petty tyranny on the ward—I could choke the bawling kids and cheerfully murder the carping old grannies. I'm so tired it isn't even funny. I think I'll just go home and have lots of fun and forget all about it!"

With this tirade, the poor youngster, who only a few months ago had stepped out in her perky uniform to conquer the world of nursing—to become a "gracious angel of mercy"—bursts into a flood of tears.

Sister Mooney has had broad experience with students in her work at Hotel Dieu Hospital, Cornwall, Ont.

While she sobs out her disillusionment, let us analyze her characteristically adolescent outburst on discovering that her ideal obviously had feet of clay.

From the abrupt outpouring of her troubles, we note that she has begun to think in abstract terms and to endeavor to classify her knowledge, perhaps scant, of the reasons for living. She realizes also that she needs guidance, that she is not able to figure everything out for herself. The normally inquisitive girl at this age is sometimes distressed, and possibly discouraged, by the overwhelming problems of life, both from within and without, which seem to loom over her with such suddenness. She longs to know the exact "why" of life, just as in earlier years she pulled her doll apart to find out why it said "Ma-Ma."

Then we see her idealism portrayed. Adolescents are often hero-worshippers and tend to fashion their conduct on models furnished by many sources —in this case by the motion pictures. She is charmed by the sensational portrayal of "an angel of mercy who commands love and homage," not envisioning the true nature of nursing beneath this artificial display. Her ideal itself is a worthy one but the motive which prompts it demonstrates her distorted sense of values. She has not yet learned to distinguish the true from the false, the real from the glittering counterfeit.

She displays abundant confidence in herself and her ability to overcome all obstacles, only to find that this confidence has been misplaced and that she has not within herself the

enduring courage required for accomplishment.

Her developing consciousness of social problems is demonstrated by her desire to help others and to relieve suffering. The awakening maternal instinct is apparent in her expressed wish to look after the little children and the neglected old people. If properly guided, this beautiful attribute, the outcome of the maturing sex instinct, accounts for the loveliest virtues in womankind—kindness, affection, sympathy, gentleness, mildness, loyalty, sweetness, self-sacrifice.

Again we note in her "Now don't laugh, Sister," the adolescent dread of sarcasm and misunderstanding, together with her maturing but elusive sixth sense, by which she feels that the situation is, in some way, slightly ludicrous.

Her lack of emotional control, apparent fickleness and petulancy might, to a certain extent, be attributed to the unstable activity of the endocrine glands during this phase of her life.

And finally, in her pathetic "I've tried to pray but it doesn't get me anywhere," we realize that she needs more than all else to be imbued with that "practical sense of the divine," as Monsignor Guay calls it—that compelling realization of the necessity of an intimate, personal knowledge of Christ.

The first-year student nurse, if she is between the ages of 18 and 22 or 23, is going through an epoch of intellectual and moral reorganization following the relatively care-free life of childhood and preceding the relatively settled life of maturity. These changes are not cataclysmic in character. They are usually in the nature of a continuous development and, while it is true that the person who emerges at the close of the adolescent period is different from the one who entered it, nevertheless that self is very familiar, in its fundamental traits and habits, to the childhood self. The changes that take place during adolescence are to some extent determined by the training which has preceded it, but the emergence of a fully-developed, well-integrated, high-principled personality depends to a great extent also on the intelligent guidance and control, leading to self-guidance and self-control, which are exercised by the agents of education during these formative years.

Daniel Webster summarized the various aspects of the problem in the accompanying lines:

If we work upon marble, it will perish.
If we work upon brass, time will efface it.
If we rear temples, they will crumble to dust.
But, if we work upon men's immortal minds,
If we imbue them with high principles,
With a just fear of God and love of their fellowmen—
We engrave upon those tablets something which
No time can efface and will brighten and brighten
To all eternity!

In analyzing the sobbing nurse's direct attack on life in general and nursing in particular, we realize that it is due, in part, to the period through which she is passing. But we must also take into consideration the great and almost overwhelming danger with which the youth of today have to cope—the prevailing lack of faith in this age of materialism! The spirit of communism is undermining all cultural and religious freedom. A "more potent source of danger is found in the development of an educated body of thought which regards men merely as units of a sociological body, with no further destiny than that of a comfortable earthly existence and no other salvation than that of freedom from exploitation and superstition." Living in an atmosphere in which these false theories are so blatantly expressed, the young woman of today can hardly be expected to enter the field of nursing with the high and Christ-like ideals which should belong so peculiarly to this profession.

Not only are her ideals tinged and vitiated by the humanistic spirit of the world but, with the advancements of medical science, greater and greater demands are being made upon her

mental and physical powers, so that the strain of constant study and arduous duties during long hours may also prevent her from realizing that her life has a higher, spiritual aspect. Yet withal, she is ever haunted by the vision of an ideal life because within her there is the possibility of it.

How are we going to comfort the child in her and at the same time stimulate and re-animate the blossoming adult? Effort and struggle are necessary for development but development is made easier by having ideals. How shall we modify, not destroy, her present ideal and substitute a worthier motive to protect her against the lure of present pleasure and to hold her to the often dreary task of working towards a glorious but distant goal?

The aim of character training should be to inspire her to act virtuously, not because she is being watched or forced but because she wants to do so. She must be imbued with a high motive which will inspire all her specific ambitions, since at this age she is now intellectually capable of appreciating the value of ideals. A noted author has said, "Fitting the mind for the reception of truth, rather than filling it with knowledge, is the proper object of education. A girl may succeed as a nurse, yet fail to be a woman—thus fail in the ultimate purpose of life."

What fundamental ideal, then, shall we propose? Will altruism suffice? "An appeal for self-sacrifice on the score of the welfare of future generations will often elicit the cynical response—What has the future generation done for me?" Nor is self-respect a potent motive on which to found ideals, for self-respect may be sacrificed to self-seeking.

Purely human motives are inadequate. There is only one motive strong enough to curb individual selfishness, human pride, and longing for pleasure, and that is—the religious motive. The great advantage of a truly Christian education lies precisely in the fact that it keeps before youthful eyes models that are concrete and at the same time completely deserving of imitation. In striving to imitate the virtues of these models the nurse will find the only satisfying answer to her query—"What is this business of living all about?"

Thou must be holy—day by day impress
This lesson deeply on thy youthful heart;
Wait not till dark visions of distress
Shall cloud thy light and bid thy joys depart.
Virtue alone can guide to ports of peace,
Virtue alone can teach thee to endure;
This treasure every day and every hour increase,
Be virtue thine, the rest is all secure.

REFERENCES

1. Bigelow, M.A. Adolescence. Funk & Wagnalls, New York. 1937.
2. Brogan, J. M. Ethical Principles for the Character of a Nurse, p. 76. Bruce, Milwaukee. 1924.
3. Heidgerken, L. E. Teaching in Schools of Nursing, pp. 1-8. J. B. Lippincott Co., Montreal. 1946.
4. Kelly, W. A. Educational Psychology, pp. 222-9. Bruce, Milwaukee. 1946.
5. Leen, Edward. What is Education? Sheed & Ward, New York. 1944.
6. Leen, Most Rev. Jas. By Jacob's Well, p. 181. P. S. Kenedy & Son, New York. 1940.
7. Lord, D. A. Religion and Leadership, p. 136. Bruce, Milwaukee. 1933.
8. Magner, J. A. Personality and Successful Living, p. 155. Bruce, Milwaukee. 1945.
9. McCarthy, R. C. Training the Adolescent. Bruce, Milwaukee. 1940.
10. Moore, T. V. Principles of Ethics, pp. 49-62. J. B. Lippincott Co., Montreal. 1943.
11. Morrison, B. and Rueve, S. J. Think and Live. Bruce, Milwaukee. 1946.
12. Murphy, R. J. The Catholic Nurse. Bruce, Milwaukee. 1923.
13. O'Hara, F. J. Psychology and the Nurse. McAinsh & Co Ltd., Toronto.
14. Russell, W. H. Your Religion, pp. 164-211. Herder, St. Louis. 1945.

We exaggerate misfortune and happiness alike. We are never either so wretched or so happy as we say we are.—BALZAC

Public Health Nursing

The Staff Studies Nutrition

LORRAINE MILLER

Average reading time — 14 min. 24 sec.

THE BLUE-CLAD NURSE carefully removed her shoes and followed her guide into the Sikh Temple. There were no chairs, so rather than sit cross-legged on the floor she stood in stockinged feet on the hot-air register. This was the warmest place and a favored spot.

This departure from the usual routine was one result of a staff conference of the Vancouver branch of the Victorian Order of Nurses. A "suggestion box" had revealed the desire of the staff nurses for a broader knowledge of nutrition. After due consideration a program was planned to meet the expressed needs of the group. Conferences were scheduled for one afternoon each month.

The first discussion period on *racial and religious beliefs and superstitions as they affect dietary habits* was most interesting. Four nurses presented papers on the habits of the Chinese, Hindu and Sikh, Jewish, and Central European groups. Canadian diet survey findings were used for comparisons. Staff members visited the Sikh Temple, the Chinese Y.W.C.A., and interviewed many of the families in the district in their search for information. They were surprised at the interest and enthusiasm their research aroused.

Many nationalities in Canada still adhere to racial and religious ideals in their dietary habits. Surveys reveal that these people prefer special dishes made from recipes handed down through generations. Such adherence to food habits may seriously influence the health of the people.

Miss Miller is educational director with the Vancouver branch of the Victorian Order of Nurses.

Studies have shown that there is considerable malnutrition in our midst. This is probably due as much to ignorance and indifference as to inaccessibility, environment, and economic status. There is sufficient food available and consumed to provide everyone with an adequate diet. It is essential, however, to have a knowledge of food, as well as the actual food, in order to have good health. In spite of our apparent plenty, up to 25 per cent of certain groups are underfed in specific respects. Rickets is still fairly common. Nutritional anemia results from inadequate iron in the diet. Iodine is lacking in many areas.

Surveys of the Indian and Eskimo have shown marked forms of malnutrition. Though some of the established eating habits of the racial groups are causing serious concern, others are found to be capable of maintaining health and well-being.

CHINESE

The Chinese in the larger communities keep many of their national food habits. Some of their oldest food customs are still good health rules. It was interesting to learn how the foods they use and the state of their nutrition compared with Canadian standards and ideals.

There are some who still regard the cow as sacred and will not eat its flesh. Many believe cold foods are unhealthy and that raw vegetables and fruits cause sickness. They are fond of green rather than root vegetables and they do not like them overcooked. The Chinese do not care for sweet puddings or stewed fruits but like citrus fruits. Most of the cooking is done on top of the stove; they rarely

make use of the oven. Most of the meats and vegetables are fried in deep fat, boiled or steamed. Thick soups of meat stock containing all types of vegetables are favored.

Some of the foods used frequently in China are also eaten here. These include: dry lotus seeds, birds' nests, rice, millet, bamboo sprouts, sharks' fins, beans, eggs, water-lily roots, seaweed, noodles, soya beans, green vegetables, rice spirits, condiments, and preserved fruit. No meal is complete without some meat, fish or fowl. Fish may be salted or fresh and shellfish also are used. Meats include mutton, pork, and some beef. In addition, they eat a great deal of chicken and duck. The bill of a duck or the head of a hen are regarded as delicacies. Anyone giving a gift of a fowl must give the whole bird. Milk used in Chinese cooking is usually condensed or malted.

A recent survey of 157 Chinese children in Vancouver revealed the following facts:

> It was difficult to find a Chinese family with an entirely Chinese diet. The majority have adopted many of our food habits. They have substituted foods which meet with the recommended dietary allowance of Canada's Food Rules and which suit their customs. It was agreed that the better features of their national diet should be retained but strengthened with the addition of more Canadian food-stuffs.
>
> One of the findings of the Vancouver survey was that approximately 15 per cent of the children had insufficient calorie intake. They ate little bread and potatoes but received adequate proteins. Many of them had dental caries, poor posture, and were slightly low in iron. Many had low hemoglobin but not one had a vitamin A deficiency or thyroid hypertrophy. Their thiamin intake was deficient. Four lacked riboflavin while three children showed evidence of rickets.
>
> Nutritional deficiencies were mainly due to insufficient food intake and lack of specific protective foods. Underlying causes of these deficiencies were found to be poverty and ignorance. Many Chinese children are still not eating some foods which are necessary for full growth and health. Using Canada's Food Rules as a standard, the majority do not drink enough milk, eat enough potatoes, whole-grain cereals, bread and butter, or have adequate breakfasts.

Sikhs and Hindus

Their dietary habits vary in many ways. Again we see the adherence to racial and religious teachings which the elders brought with them and which they are passing on to their children. The Sikhs are not forbidden to eat meat but they are not habitual meat-eaters. Their diet is largely vegetarian, consisting of corn rotis, unleavened bread, boiled vegetables, fruits, plenty of butter and curds, milk and whey. They customarily do not eat beef but may eat mutton and pork. They seldom use our bread, except for sandwiches. Macaroni and rice are used frequently in making cakes and puddings. For spices they prefer chili, curry, and salt.

Among the older civilizations food preparation is part of the ritual of life. Reverence for food has made these people greater gourmets than most Europeans or Canadians. The Hindu believes that food was created for man by a Supreme Deity—thus the art of cooking is a sacred ceremony. References to food are found in Hindu Holy Books dating back to the fifth century, A.D. Food was then classified according to its nutritive value, flavor, and esthetic appeal. In the Hindu prayer-book foods are divided into three categories:

> 1. Foods conducive to longevity are invigorating, nourishing, and savory. These foods are pleasing to people of truth.
>
> 2. Pungent, bitter, very acid, or over salty foods, which are apt to be injurious, appeal to those of passion.
>
> 3. Stale, rotting, and impure foods bring gloom to those who eat them.

Many subtle dishes are evolved because food has such a high place in their lives. Curries are not hot or fiery but have a pleasant flavor and are very tasty. There must be perfect blending of condiments. The diet of the poor consists mainly of cereal dishes but the rich use a great variety

of elaborate combinations. Kedgeree, pilan, and curries are among their main dishes.

Kedgeree is a combination of rice, green vegetables, green ginger, lentils, and spices. These are all cooked together and can be eaten plain or with vegetables, a curry, or mango chutney. This dish can be cooked crisp by using butter.

Pilan consists of rice, onions, raisins, almonds, spices, and butter, with lamb, beef, prawn, or shrimp. Hard-cooked eggs may be added.

Curried dishes include those made with chicken, mutton, beef, pork, lamb, shrimps, and fish. Vegetable curry is made with potatoes, tomatoes, onions, and egg-plant. Seminole molds and sweets with raisins are used as desserts. Dried fruits and pickles are used frequently. They use sour cream and milk a great deal. Candies are made from milk curds and are "really very good."

Jewish

The report on their food habits was presented by one of our Jewish nurses. She was able to tell us much about the food habits of her race and to explain some of the religious beliefs as they affect their diet.

It was interesting to learn that all animal foods must be killed and prepared in a prescribed manner. Blood was regarded by ancient Hebrews as a vital part of the animal which must be given back to God. The Jews have excluded pork from their diet since early Biblical days. Meat is salted for half an hour and cooked for an hour. We wondered how this could affect its food value. Only fish that have fins or scales may be used. No shell-fish are acceptable. Meat and milk may not be eaten together. This precept originated from the ancient law forbidding the boiling of a kid with its mother's milk.

During one of the most important holidays, the Passover, no leavened bread or its products may be used for eight days. Cutlery, dishes, and cooking utensils must be sterilized or a new set kept for use during this period.

The Jewish race appears to have a high incidence of diabetes. It is felt that this is due to the richness of the food, specially pastries and cakes which are used in abundance. Pickles and "sours" are also used in large amounts. Jewish people use rye and whole-wheat breads.

Orthodox Jews adhere to their racial and religious dietary habits. Their diet, however, seems adequate and, apart from the trend to a high carbohydrate intake and high incidence of diabetes, does not present too much of a problem.

Food Buying

Our first specialist, Mrs. Margaret Henderson, B.Sc., Home Economics director of the *Vancouver Daily Province* "Kitchen," spoke on "Stretching the Food Dollar." She gave us many helpful hints, such as:

Buying perishable food-stuffs in small quantities will prevent wastage. Old people should have a good dinner every day. Meals should be planned for variety and to avoid "eternal frying." Turnips, rich in vitamin C, were advocated. Rice can be used as a vegetable; fats should be saved for cooking. Cheese, parsley, and bean sprouts are all valuable, cheaper foods. Vegetable water should be saved and made into milk soups. Cereals should be used more widely. The lowly sardine is a good source of iodine. If a pressure cooker is available it helps to save food dollars. Bones are a good source of gelatin. They can also be used to make excellent soup and provide energy. Gelatin desserts are especially good for the older age groups. "Last but not least," said our speaker, "hobbies help to create an appetite, something to keep us busy and happy. Pleasant, cheerful surroundings make for better appetites and pleasant eating."

Budgeting

Our next two specialists, Misses Ross and Crocker, nutritionists with the Metropolitan Health Committee of Greater Vancouver, discussed with us plans for budgeting in the low income group. They discussed, too, a survey they had made on allotments for food and living for persons on Social Aid. Rising living costs bring difficulties and it was felt larger allowances were needed to maintain ade-

quate diets and living conditions. We were glad to learn that special allotments are now provided for patients in Vancouver who are on special diets and who are receiving Social Aid.

Diet Therapy

The final conference, prepared by the staff nurses, included a panel discussion on "Newer Trends in Diet Therapy." We had as our guests two dietitians from one of our large hospitals, who had assisted the nurses in their research and preparation.

We learned that folic acid, part of the B-complex group, is valuable in the treatment of pernicious anemia. The newly discovered vitamin B_{12} is also proving effective in treating this disease. Recent experiments indicate that large doses of vitamin A speed up maturity and delay aging, thus lengthening the "prime of life." Vitamin E is being used in treating coronary thrombosis. It appears that too large doses of vitamin D are actually harmful, both for babies and adults.

It was rather disconcerting to learn that a new group of substances known as "antivitamins" has been discovered. These, as the name indicates, counteract the vitamins. It is probable that the dietary value of many foods will require revaluation because of the presence of these antivitamins.

Reports on experiments in self-demand feeding were of great interest in the discussion on infant feeding. The usually accepted feeding schedules are unsuitable for many infants. Each baby requires individual planning. The earlier addition of solid foods in the infants' diets was noted as well as the acceptance and reaction to these foods by the babies.

The use of fluorine to reduce dental caries and the present trend toward topical application as the method of choice was discussed. Mention was made of survey reports on the use of fluorine in Canadian school dental services.

In the nutritional treatment of disease, the chief topics discussed are listed briefly:

1. The use of protein therapy in treating cirrhosis of the liver.
2. The trend toward increased use of protein therapy following surgery to prevent post-operative complications.
3. The effective use of vitamin B to control uterine bleeding and other similar therapies based on the frequent association of vitamin deficiency with endocrine deficiency.
4. The present preference for underfeeding rather than overfeeding. This stems from findings that debilitating diseases occurred less frequently in Europe in the period of underfeeding during and after the war.
5. The Kempner-Rice diet for hypertension. Since this is an inadequate diet, consisting only of rice and fruit juices, it can be continued for only three weeks at a time.

What Did We Learn?

The staff all felt they had learned a great deal from our planned study of nutrition. We realized that working with racial and religious groups requires tolerance and understanding. Some of their ideals and ideas are of ancient origin and we must adapt our teaching to meet them. We learned of the availability of specialists whom we could consult to make us better able to meet our patients' needs. The association with these people stimulated interest in each other's problems. It was "good public relations." We felt we had acquired up-to-date knowledge of newer dietary treatments. The points about budgeting and financing could be used by us all. Each staff member had an opportunity to take some part. We all felt it was a very worthwhile effort, both for the nurses and for the patients who would ultimately benefit.

References

1. Borden's *Review of Nutrition Research*. Jan. 1949.
2. Canada's Food Rules.
3. *Can. M.A.J.* Vol. 53, 1945, p. 434; Vol. 58, June, 1948.
4. Cooper, Barber & Mitchell. Nutrition in Health and Disease. J. B. Lippincott Co., Montreal. 10th Ed.
5. Healthful Eating. Dept. of National Health & Welfare, Nutrition Division. 1948 Ed.
6. Heinz *Nutritional Observatory*. Oct.

1947; July, 1948.
7. *J. Amer. Dietetics Assoc.* Nov. 1948, p. 996.
8. *Nutritional Review.* Feb. & Apr. 1947; May & Oct. 1948.
9. Proudfit & Robinson. Diet Therapy. The Macmillan Co. of Canada Ltd., Toronto.
10. Sadhu Singh Dhamu, M.A., Ph.D. The Sikhs and Their Religion.
11. *Science Digest.* 23:67 Jan. 1948; 23:50 Mar. 1948; 52:120.

Industrial Nurses Confer

A conference for industrial nurses, sponsored by McGill University and The Association of Nurses of the Province of Quebec, was held on May 15-17, 1950. The need for such a conference has been felt for some time. The meetings were well attended and the subjects well chosen.

There were 119 nurses registered, representing 76 industries. There were 13 honorary guests. When registering, each nurse was given a program and an identification card on which was printed her name and the company she represented.

While the weather at the beginning might have been more favorable, still it did not in any way affect the attendance. The meetings proved very popular. We all met many old friends and made many new ones.

All sessions were held at the School for Graduate Nurses. Miss Ann Peverley, assistant professor, in the absence of Dr. Marion Lindeburgh, presided. She extended a very hearty welcome to all those present.

Miss Mildred Walker, nursing consultant, Industrial Health Division, Department of National Health and Welfare, was the first speaker. Her topic was "The Role of the Nurse in Industry." She pointed out that we must all recognize that the industrial nurse needs certain qualifications for success and must be willing to accept responsibilities; that she is in a strategic position to promote good health of the worker, not only in the industry in which she works but in the community as well.

Dr. C. D. Shortt of the Canadian National Railways spoke on "Emergency Care." He emphasized the importance of all nurses in industry, especially those working alone, securing Standing Orders, prepared and approved by the plant physician. He outlined the treatment of injuries and diseases arising out of employment.

The afternoon session was presided over by Miss Walker. Dr. Paul Guenette, industrial consultant, discussed "The Relation of the Industrial Nurse to the Workmen's Compensation Board." He defined the legal, insurance, administrative, and technical aspects of the Board. This was followed by a very friendly talk by Dr. R. G. Ratz, chief, Civil Service Health Division, Department of National Health and Welfare, on "Interviewing and Counselling." He said a nurse working in industry today had to be "Jack-of-All-Trades." She should be observant, a good listener, and learn to utilize her own ability. She should be able to give advice in such a way that the employee is able to cope with his own immediate problems and help himself with any future ones that may arise. Interviewing should always be done privately and information obtained treated confidentially.

On Tuesday morning, Miss M. Brogan, nursing supervisor, Bell Telephone Co. of Canada, Montreal, and Dr. W. H. Cruickshank, medical director of the same company, spoke on records. They stressed the importance of accuracy to provide valuable information as to whether the reported cases are industrial or non-industrial. Such records are useful from a statistical point of view in compiling monthly reports for the Safety Department and Management. They should be strictly confidential and kept in the Medical Department in locked files.

Dr. F. J. Tourangeau, director, Division of Industrial Hygiene, Quebec Ministry of Health, spoke on "The Industrial Nurse and Community Relationships." He told us about the specially equipped laboratory right here in our own city with well-trained technicians who are willing to visit the various industries at any time and test the air for impurities. He stated that the nurse should have a thorough knowledge of all social agencies

(*Continued on page 832*)

Aux Infirmières Canadiennes-Françaises

Service Social à l'Hôpital

SOEUR STE-FABIENNE, S.C.Q.

Average reading time — 10 min. 24 sec.

LE TRAIT distinctif du Service Social à l'hôpital est l'orientation de ses activités vers la guérison des malades. Laissé à ses seules ressources, il lui serait téméraire de tendre à cette fin. Ses efforts se justifient et deviennent efficaces en autant qu'ils sont un apport à l'action conjuguée de tous les services dont l'ensemble constitue cet organisme complet qu'est l'hôpital. Sa participation consistera d'abord à apporter au clinicien les résultats d'une étude approfondie de la personnalité du malade ou d'investigations judicieuses de son milieu social; toutes choses susceptibles, dans certains cas, d'orienter un diagnostic ou, tout au moins, de l'appuyer.

Mais, il lui sera plus souvent donné de collaborer à la guérison du malade en le libérant le plus complètement possible des problèmes sociaux déjà existants chez-lui où dont la maladie a précisément été le point de départ.

C'est devenu un adage populaire que le bon moral chez le malade est une condition essentielle à son parfait rétablissement. Saisi de cette réalité, le Service Social Médical veut user de tous ses moyens d'action pour lui procurer un état de quiétude qui favorisera l'effet thérapeutique des traitements médicaux, voire, des traitements chirurgicaux auxquels il sera soumis.

Ce n'est pas à des infirmières qu'il est nécessaire de fournir les preuves de cet avancé puisque leur vie professionnelle leur en apporte journellement l'évidence concrète. Que de fois elles sont les confidentes des inquiétudes et des soucis qui tenaillent ceux qu'elles comblent de leurs attentions et à qui elles prodiguent leurs soins professionnels avec toute l'intelligence, la conscience, et le dévouement dont elles sont capables. Hélas! Souvent, en dépit de ce maximum de bonne volonté et de don d'elles-mêmes, elles sont forcées d'admettre leur impuissance à guérir certaines plaies très profondes sur lesquelles elles ne peuvent que verser le baume d'une parole sympathique ou d'un encouragement. Leur coeur généreux voudrait faire plus et mieux, mais cela demanderait du temps et déjà elles doivent s'ingénier à faire entrer dans le cadre de leurs journées les multiples obligations de leur devoir d'état.

Aussi, ne peuvent-elles qu'applaudir à l'apparition d'une profession nouvelle venant compléter une oeuvre forcément inachevée chez certains malades.

Mais, qu'est-ce donc que cette innovation et quels sont ses moyens d'opérer de telles merveilles?

A l'instar de tout service social, celui qui a l'hôpital pour champ d'action cherche par des techniques éprouvées à découvrir la nature et l'origine des problèmes susceptibles de troubler un milieu ou de mettre le désarroi dans un individu.

Cette connaissance acquise et approfondie, une ligne de conduite est adoptée à l'effet d'apporter le remède adéquat à la situation anormale.

Elles sont nombreuses et variées ces situations anormales soumises à la compétence et au dévouement de l'assistante sociale-médicale.

C'est, par exemple, un père de famille soudainement réduit à une impotence totale pour plusieurs mois par un accident ou par une maladie

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subite. Pour lui, les souffrances physiques passeront vite au second plan, faisant place aux soucis financiers. Son salaire supprimé, cela signifie pour sa famille: privations de toutes sortes, vie pénible, misérable et, peut-être, congédiement du loyer.

L'intervention du Service Social dans ce cas aura comme heureuse conséquence de faire bénéficier ce foyer des ressources communautaires et de rendre au père alarmé un optimisme bienfaisant.

Tantôt ce sera une jeune fille chez qui les examens ont démontré l'existence d'une tuberculose pulmonaire contagieuse. La révélation de ce diagnostic et la perspective d'une cure dans un sanatorium ont pour elle le sens d'une tragédie. Ce n'est que par des entrevues répétées et sagement dirigées que l'assistante sociale l'amènera à regarder en face la réalité et à se soumettre aux exigences de son état physique actuel.

Aujourd'hui, le médecin trouve "toute en larmes" une de ses malades, mère de famille, atteinte d'une lésion cardiaque grave. La cure médicamenteuse et le repos ne sont qu'amorcés mais la maman voudrait retourner auprès de ses enfants. Elle s'ennuie trop à l'hôpital pour accepter d'y séjourner plus longtemps! Mais, la psychologie du chef de clinique a vite fait de deviner sous ce prétexte une souffrance morale beaucoup plus profonde. Aussi, après la visite, on lira à la page des ordonnances: "Faire voir la malade par le Service Social." Après quelques entretiens la pauvre mère a donné toute sa confiance et, presque spontanément, elle avoue que son véritable tourment c'est l'insécurité morale de sa jeune famille pendant son absence et la lourde responsabilité laissée à sa fillette de 13 ans. Alors, une visite faite au domicile de la malade permet à l'assistante sociale de se rendre exactement compte des choses et des démarches sont aussitôt commencées dans le but d'assurer la présence d'une personne responsable auprès de ces jeunes enfants.

Maintenant la malade est rassurée et continue de profiter des avantages de l'hospitalisation. L'assistante sociale ira chaque semaine s'enquérir de la situation et s'assurer que rien n'est en souffrance à la maison. Les bonnes nouvelles données à la malade lui apporteront une sécurité favorable à son rétablissement.

Ajoutons à ces quelques exemples le cas des malades à réhabiliter au sortir de l'hôpital à cause d'une infirmité les mettant dans l'impossibilité de continuer leur travail habituel; celui des jeunes étudiants devant interrompre leurs études par une longue convalescence imposée par une affection pulmonaire récente et à qui il faut assurer les leçons d'un professeur bénévole; celui de la réhabilitation des filles-mères venues de milieux suspects d'où il est urgent de les retirer.

Il y a aussi, parmi les malades chroniques, les diabétiques, les cardiaques, etc., qu'il importe de suivre après leur hospitalisation. Sont-ils fidèles à leur régime? Prennent-ils régulièrement leurs injections d'insuline? Persévèrent-ils à suivre la médication prescrite? Ont-ils l'argent nécessaire pour se procurer ces médicaments? Auraient-ils besoin en cela de l'assistance du dispensaire de l'hôpital? Leur état semble-t-il s'aggraver ou s'améliorer? Autant de points dont la solution immédiate peut aider à prévenir une récidive grave. Et c'est peut-être ici surtout que le rôle de l'assistante sociale médicale prend toute sa valeur. Par son intermédiaire, le médecin restera en contact avec les malades retournés à leur foyer et le traitement commencé à l'hôpital sera poursuivi et contrôlé.

Sans l'action de cette agence de liaison, le temps ramènerait tôt ou tard à l'hôpital ces malades dans un état extrême alors qu'il serait peut-être difficile de les arracher à la mort.

En plus de se donner à toutes ces activités, le Service Social de l'hôpital verra à pourvoir les malades indigents des appareils orthopédiques requis dans certains cas. Il leur procurera des moyens de transport pour le retour à la maison et en assumera les frais si nécessaire. Il se chargera de la correspondance des malades éloi-

gnés de leur famille. Il organisera des loisirs pour les hospitalisés et leur procurera des lectures saines et agréables.

Cette "façon moderne de faire la charité" comme on a si bien désigné le Service Social est un complément opportun à la science et au dévouement du personnel hospitalier.

Avec sa collaboration, l'hôpital réalisera un peu plus son bel idéal: Soulager le malade et . . . le guérir.

In Memoriam

Julia Ellen (Sharpe) Affleck, widely known in nursing circles, died at her home in London, Ont., on June 26, 1950, after a brief illness.

* * *

Bessie Louise Babbitt, who graduated in Newport, R.I., died in Fredericton, N.B., on July 11, 1950, after an illness that lasted eight years. Miss Babbitt served overseas as a nursing sister during World War I. She was head nurse of the D.S.C.R. Hospital in Fredericton at the end of that war. She served in the Jordan Memorial Hospital in Albert County and also had considerable nursing experience in the United States.

* * *

Florence Emily Beck, a graduate with the second class (1894) of the Montreal General Hospital, died in Montreal on August 6, 1950, at the age of 84. Miss Beck served on the staff of the M.G.H. for many years, later going into private practice. She retired from active work some 15 years ago.

* * *

Lillie Boyle, who was a member of the first graduating class of the Ottawa Civic Hospital in 1925, died on July 17, 1950, after a lengthy illness. She had nursed in Ottawa until her retirement five years ago.

* * *

Stella Belle (Taylor) Clark, a graduate of the Nova Scotia Hospital, Halifax, died in Nanaimo, B.C., on May 26, 1950, at the age of 69.

* * *

Lucy Ermina Clow, who was a member of the first class to graduate in 1895 from the Brockville General Hospital, died in Brockville on July 11, 1950, at the age of 78. Miss Clow was assistant superintendent of nurses at B.G.H. a number of years ago. She was very active in Red Cross work during the war years.

* * *

Jessie Ellen Grant died in New Glasgow, N.S., on July 9, 1950, in her 79th year. A graduate in 1906 of the Massachusetts General Hospital, Boston, Miss Grant occupied many important positions in hospitals in the United States. She went overseas in 1917 in command of one of the largest units of nurses sent to France by the U.S. Army. For some months during a visit to Canada in 1920-21, Miss Grant was superintendent of nurses at the Victoria General Hospital, Halifax. She was also director of nursing at the Winnipeg General Hospital for several years. Miss Grant retired in 1943 and four years later returned to New Glasgow.

* * *

Millicent Keary, who graduated from St. Paul's Hospital, Vancouver, in 1932, died on August 3, 1950, of an illness that had lasted for several years.

* * *

Hilda Meikle died suddenly in New Glasgow, N.S., at the age of 65. Miss Meikle was a past president of the Pictou County Nurses' Association and, though retired from active duty, was very much interested in the work of the Children's Aid Society.

* * *

Alice Marguerite (Lecours) O'Shaughnessy died on July 27, 1950, in Regina. A graduate of the Regina Grey Nuns' Hospital in 1942, she served as a nursing sister with the Royal Canadian Navy during World War II.

Certain thoughts are prayers. There are moments when, whatever be the attitude of the body, the soul is on its knees.—VICTOR HUGO

Counselling for Nurses

WILLIAM G. BLACK, PH.D.

Objectives: The purpose of counselling is to assist individuals in order that they may make better adjustments to life and become more efficient in their vocation and happier in their personal living.

Development of counselling: There have been remarkable developments in this field in recent years, both in Europe and America. These developments include research and experiments in a great variety of tests and counselling techniques. Furthermore, a large body of useful literature has been written both in periodical and book form. Many magazine articles and books on testing and counselling have a special application to the field of nursing. Applications from the science of psychology have been particularly fruitful with respect to counselling. These have been used very extensively by psychiatrists and psychologists and have been employed in a number of specific fields, such as counselling in industry. It would appear that they would be just as fruitful in the field of nursing as in any other field.

Limitations of testing and counselling: It is not claimed that testing and counselling techniques will guarantee solutions to all vocational and personal problems. However, they have been found so successful that one cannot but be enthusiastic about their use. If they give genuine assistance in even 50 per cent of the cases, their use is amply justified.

Techniques and materials used: During the work conference various types of interview techniques were described and discussed, also various types of tests and records. Attention was given to the importance of follow-up work, since it was realized that in most cases single interviews or single test experiences are inadequate. It soon became apparent that anyone participating in counselling should be acquainted with a large variety of techniques, so that she would be able to choose the proper types for each individual client. Since no two clients have exactly the same problems, the techniques employed will necessarily differ.

Stages of life for counselling: As the discussions developed, it became clear that counselling is a process which has many forms and covers many years. Counselling for prospective nurses is obviously very important at the junior high school and high school level. It becomes more significant still at the college level for those students who go on to college before taking nursing training and it becomes vitally important during the preliminary and training period at the school of nursing. It is also necessary for those who have finished their training and who are on the staff of hospitals, or for those who are doing public health work, or who are in such fields as industrial nursing, both from the vocational and the personal point of view.

Counselling for patients: Not only is it necessary that prospective and staff nurses should be able to obtain counselling when such is needed but it is also important that patients should receive counselling. The total therapy of a patient obviously includes not only physical treatment but also aid in making personal adjustments to life. Since nurses come into such close contact with patients at critical times in their lives, they have great opportunity to give both physical and mental aid.

Who should participate in counselling: In the modern high school, specially trained counsellors for boys and girls are assigned to this important work. In a nursing school, the members of the staff all have their part to play in the counselling process but some one member should be particularly responsible and should have received special training in the appropriate techniques. On the hospital staff the same arrangement should be found—namely, that one member of the staff, whether a nursing supervisor or head nurse should be available for vocational and personal counselling and to this end should have received special training.

Facilities for training in counselling: It is obviously impossible for most busy staff members to take much time off in order to secure a long program of counselling training. However, there are many practical methods whereby brief but effective training may be obtained. Among these practical methods are the following:

(a) A course on psychology of testing and counselling given by a city night school (such a course could be made available in most of the large cities of Canada).

(b) A correspondence course given by the provincial Department of Education.
(c) A summer school course given by the nearest university (many such courses are available in university summer session programs).
(d) A local institute, provided by either provincial or local nursing associations.

If no course of this kind is available in your particular area, it is suggested that you request one of the above authorities to provide it. Most authorities are only too pleased to organize a course of this nature, if 10 or more candidates signify that they wish to take it.

Qualifications of nursing counsellors: Since most nursing counsellors will have many other duties to perform, they cannot be expected to have the long and thorough training demanded for a full-time high school counsellor. However, if they have taken one or two courses on Psychology of Testing and Counselling, they should gain quite an insight into problems and techniques. Fully as important as the taking of a course is the possession of such personal qualities as common sense, sympathy, patience, tact, and in general a helpful, kindly, constructive attitude.

Use of outside resources: In most centres where nurses do their work, it is possible to obtain the cooperation of highly trained psychiatrists and psychologists, who would be only too pleased to assist with their advice in the working out of a practical counselling program for nurses.

Coordination: Since there are so many people taking part in counselling and since there are so many forms of counselling, it is essential that the program be organized and coordinated. Therefore in each hospital or nursing training school, some one person should be chosen to act as the organizer.

Evaluation and Accreditation Work Conference

SISTER MARY CLAIRE

The introduction of the conference on the Evaluation and Accreditation of Schools of Nursing consisted of a panel discussion which attempted to give the whole group a better understanding of the topic under consideration. The consultants participated in this panel which was under the direction of Miss Margaret Street. Miss Virginia Olcott, from the University of Washington, gave valuable assistance and we wish to avail ourselves of this opportunity to thank her for her contribution. The panel was followed by a brief summary of the techniques of work conference during which Miss Dorothy Riddell pointed out some of the factors conducive to success and some of the pitfalls of this type of meeting. This was the preventive aspect of our program.

Three groups were organized with leaders, secretaries, and observers. On the first day the groups centred their study on the effects of such a program on: (1) the administrator and the hospital board; (2) the school of nursing and its faculty; (3) the nursing service.

It was generally agreed that such a program would be stimulating to both the school and the hospital and would, therefore, tend to improve both nursing education and nursing service.

The second-day program opened with a skit the purpose of which was to give a brief concept of: (1) Preparation for evaluation, etc.; (2) cooperation of faculty in preparation for visit; (3) the function of the visitors; (4) interpretation of visitors' reports. The groups' contribution was more productive on this second day and the members became more conscious of their objectives.

On the third day the groups were shown the Statistical Pattern Map and the Evaluation Pattern Map used by the Canadian Sisterhoods in the evaluation program they have initiated. The peak load of work was done on this day, which was to be expected. The registrants were beginning to know each other and to know and understand what they were aiming at. Suggestions were made by each group. These were similar in content although the method of approach differed somewhat. The groups support the principle of evaluation and accreditation of schools of nursing under a voluntary scheme and suggest:

1. The appointment of an educational consultant for the C.N.A. to assist with the organization and the implementation of such a program.
2. That programs be initiated by local groups in various centres in each province to give general information regarding this program to nurses across Canada.
3. That, during the biennium, the C.N.A. arrange for persons who are well informed in evaluation programs, to attend provincial annual meetings in order to participate and lead the discussions regarding this program.
4. That this preliminary educational campaign be followed by institutes across Canada under the sponsorship of the C.N.A. and the direction of the educational consultant.
5. That steps be taken to implement such a program as soon as possible.

The French Work Conference

SUZANNE GIROUX

First of all, I want to thank the Canadian Nurses' Association for having organized a French program at the 25th convention. It was of great satisfaction to my French colleagues and myself.

In the French workshop we adopted the same topic as that being used by our English confrères, namely "The Nursing Team," which in French to give an exact translation would mean "The Nursing Crew." Just by using the word "crew" the plan of our workshop was outlined and the comparison of the health agencies to a ship, and personnel to a crew, was a happy one that we carried out during the three days.

Our group were not all familiar with the workshop technique, nor too well prepared to study this problem; some of the participants were hospital nurses and others public health nurses.

1. During the first day we studied briefly the aim, functions, and composition of the crew.

2. The second day—relations between the different categories of the team, inside and outside the organization.

3. The third day—standards and requirements.

Recommendations were made, one of these being, "To encourage the study of care to be given to patients." It made us feel very proud when this morning the delegates were asked to vote on a similar recommendation. We do believe that the twelve members of our workshop have gained some valuable information in the general discussion that took place and that we did succeed in stimulating their thinking. The exchange of observations with the group of the English workshop was most interesting.

The invaluable help of Miss A. Girard on public health questions was appreciated.

Job Analysis of Nursing Positions

B. H. PETERSON

There were 55 participants representing a good cross-section of the various nursing fields in this workshop which was divided into four groups of 12 to 14 members.

The first day was taken up with the orientation of the members because most of them were not acquainted with the subject. I do not make this observation in a derogatory manner because nursing supervisors and other administrative staffs in the nursing field are no different from those in other fields of endeavor. During the first day, the consultants were frequently asked questions and discussions in the groups were not always

kept to the point. Sometimes the emphasis was placed on "man analysis" rather than "job analysis."

During the second and third day, members were looking for new ideas which they might use to improve their respective organizations. Many questions were necessary in order to orient the members' thinking to the subject in relation to nursing. The majority soon realized that they were not sufficiently equipped to discuss job analysis and openly admitted their short-comings. This was especially true when the discussion reached the point where job analysis divulged the weaknesses in an organizational structure. However, in spite of these drawbacks, the members quickly established a sense of belonging to their respective groups and, with few exceptions, everyone participated.

Here are some suggestions which were offered by the participating members. It is felt that group leaders should receive previous instructions and encourage the participation of each member. This could be done by direct questioning. It is also felt that pre-conference preparation of members would add to the contributions which they might make during the discussions. From a perusal of the reaction slips, it is quite apparent that many new ideas were suggested and that the majority of members were enthusiastic about the possibilities of the subject and its application to administrative problems. There is no doubt that the members were eager to learn more about job analysis. There was a strong indication that they were going to pursue the subject further and, if given the opportunity, make use of it.

One of the most important conclusions arising out of the sessions was the awareness of the members that, unless further training and consideration is given to supervisory and administrative duties, the nursing staff would soon be supplanted by persons with these qualifications. Job analysis would show up these weaknesses and aid in clarifying lines of authority and responsibility.

In the face of rising costs and higher standards, it is a challenge to the nursing profession to take its rightful place in the administration of institutions requiring their services. Although service to humanity is the first requisite of your profession, efficient organization, involving modern methods and procedures, must be established if that service is to meet today's needs. Job analysis has many uses, but if the only benefit derived from its application was to clarify lines of authority and duties of each position in an organization, the results would be a ten-fold return on the efforts put forth.

One participant made the comment that there was no time to do a job analysis because the sick must be looked after. I am sure that you all realize the necessity for training staff and, if a supervisor is to take her rightful place in the organization, she must take time to train, to develop, and to delegate responsibility to her subordinates. Why not diagnose your organization by job analysis? Perhaps it is ill. Job analysis can expose the malady. Then by applying the principles of sound organization and supervision, a cure can be effected. Here is an opportunity for the Canadian Nurses' Association to lead the way through research and education in this valuable technique of modern management, as applied to the nursing field.

Methods of Evaluating Student Progress

HELEN PENHALE

On behalf of the 53 nurses registered for this workshop I thank Miss Nash and the Executive of the Canadian Nurses' Association for making it possible for us to learn something of group dynamics and for the opportunity to participate in a work conference.

Student progress is concerned with measurement in three major fields—the basic sciences, the nursing arts, and the clinical area. Each of these major fields was considered by a sub-group.

In our preliminary discussion it was agreed that through better means of evaluating student achievement will come an improvement in the education and hence the graduation of better nurses. To be able to give the best nursing care on a professional level the nurse must become proficient in:

1. Understanding the reasons for and the

means by which nursing care benefits the patient.
2. Performing nursing skills so that the patient benefits during safe care and so that the nurse continually does a finer piece of work.
3. The acquisition of the attitudes and refinement of a sensitive and imaginative person entrusted with the direction and teaching of heathful living.

Each of the sub-groups discussed the seven steps in an evaluation procedure, beginning with the formulation of a statement of the objectives and concluding with the final step—the interpretation of results.

The sub-group evaluating the progress of the student in the basic sciences centred their discussion around the subject of anatomy and physiology. Several objectives of the course were outlined. Test items based on these objectives were prepared by each participant for presentation to the group. These items were then evaluated by the group at large. Means of integrating the basic sciences in the nursing arts and vice versa were discussed.

The group evaluating the student's progress in the nursing arts was convinced of the need for rather specific criteria in evaluating a nursing procedure. There was a variation of 15 points in the scores given by the group when they evaluated a simple demonstration. Emphasis was placed on the need for objective evaluation based on principles. Criteria for the evaluation of the preclinical student on the hospital wards were discussed. The last day was spent on the construction of test items which could be used to measure certain of the objectives of the nursing arts course.

Those studying evaluation in the clinical area first outlined what they considered should be the level of attainment for the first, second, and third-year student and a few of the qualities we hoped would be developed for the student in each of the clinical divisions. The use of the anecdotal record was considered by the majority to be the only means of arriving at a true evaluation of the students' characteristics.

During the last hour the sub-groups met together to consider the appraisal of attitudes. This proved to be a most valuable experience for all.

In summary I can say for each member of the group that we have learned something of workshop technique. We did feel that we needed much more time to study student evaluation. Perhaps instead of continuing with workshops at the next biennial meeting, it would be possible to conduct them on a regional basis. The Hospital Association regional conferences have proven to be most satisfactory. I am certain that we in Alberta would welcome the opportunity to participate in workshops in which the four western provinces might combine.

The Nurse in Industry

DOROTHY M. PERCY

There were 40 registrants for this work conference, representing occupational health programs from heavy industry, light industry, business, hospitals, and universities; programs engaging from one to four nurses and serving in excess of 50,000 employees.

The registration was understandably low, since more than half the total number of industrial nurses in Canada are located in Ontario, with another large group in Quebec. The majority work alone and relief to attend a convention at this distance is a difficult obstacle, regardless of the interest the nurse or her management may feel. However, anything this group lacked in numbers was well made up in enthusiasm and a desire for professional assistance and progress.

In the initial planning stages the core committee agreed that the keynote of this conference should be simplicity and practicability and that throughout the emphasis should be on the two-way flow—i.e., a consideration of industrial nursing in relation to the total nursing picture, with special emphasis on ways in which industrial nurses and the profession as a whole can contribute to each other's effectiveness in the broad community health program. An effort was made to maintain this theme in the sub-groups which were as follows:

1. The industrial nurse as an integral part of the community health team.
2. Employee health teaching and general counselling.
3. Techniques and procedures.
4. Employee and public relations.

It is significant that, although each sub-group discussed a different phase of the work of the industrial nurse, there was a remarkable degree of unanimity in the conclusions reached and that the preparation of the industrial nurse—which had been purposely omitted as a sub-topic—was discussed spontaneously by all sub-groups and practically identical conclusions were arrived at concerning it.

The findings of the sub-groups are summarized as follows:

1. The industrial nurse is an important member of the community health team and she should develop and maintain close working relationships with all health, welfare, and related groups. To achieve this, industrial nurses, individually and collectively, should explore all available resources and facilities.
2. Every contact with an employee is a potential opportunity for health teaching, on his own behalf or that of his family. Exploitation of this opportunity should complement the effectiveness of the general community health program rather than duplicate it.
3. The importance of applying non-directive counselling techniques to health, welfare, and personnel situations was stressed.
4. Standing orders are essential for the nurse in industry. Management should be advised to this effect.
5. There was developed an awareness of the importance of a planned public relations program for nurses in industry throughout Canada and the responsibility of each industrial nurse as a key person in instituting such a program. Two plans were formulated and the group decided they would like to try out these plans. The British Columbia group plan to meet again and give further study to the improvement of their techniques in public relations. It was recommended that all such plans should be integrated with those of provincial and national industrial nursing consultants.
6. All sub-groups agreed that the nurse in industry needs additional specialized training. It was recommended that there should be either a special university course in industrial nursing, incorporating public health nursing principles, or that there should be industrial nurses' elective courses within the regular public health nursing course, covering such subjects as labor relations, first aid, counselling and guidance. Refresher courses and night classes should be fully utilized to maintain the competence of the industrial nurse. It was recommended that industrial nurses should be encouraged to meet for discussion of common problems and objectives but that this should be in addition to, not instead of, active participation in their district and provincial nursing associations.

This work conference unanimously agreed that the foregoing recommendations should be submitted to this meeting, but with the warning that they are the product of expediency rather than of slow and careful deliberation.

The members were conscious of a definite feeling of pressure which was aggravated by the necessity of attempting to reconcile two objectives simultaneously—namely, a comprehension of group dynamics and work on a problem with which they were primarily concerned.

As a result of this, the group recommends that:

1. If the C.N.A. considers repetition of work conferences at future biennial meetings, *all* participants, as well as chairmen, recorders, and observers, should receive preliminary intensive training for at least one day prior to the work conference and including a practical demonstration of the group process.
2. As an alternative, that consideration be given to the holding of institutes where experts, freed of preoccupation with the mechanics of work conference techniques, might be more readily available to stimulate group discussion.

A further need for caution was expressed by our group, with reference to the use to be made of the reaction forms. It was felt that it would be quite unsound to predicate any objective findings on the basis of these reports, submitted as they had to be, hurriedly, and without adequate understanding of the work conference method and the significance of the forms themselves.

The Nursing Team

LORNA M. HORWOOD

In presenting a report of our work conference, I have been asked particularly to express the appreciation of the teachers and consultants for the very valuable orientation to work conference method given us by Miss McDowell. It was a general feeling that we would have got into action more quickly if everyone had had such an orientation. It was felt that group leaders need to be especially well prepared.

The consultants felt that the participants might have come better prepared if they had received more encouragement and guidance well in advance of the meeting. Among other things, they might have been able to make use of the consultants to better advantage. The skill presented by the Vancouver nurses served as a very helpful on-the-spot introduction as the symposium developed. In spite of the feeling that in spending so much time on one problem we were missing much else that was important, interest was quite well sustained—of an enrolment of 54 nurses, 47 continued throughout. The interest in work conference method was sufficiently great that the members would like to suggest that the material on group dynamics, which Miss Nash forwarded from National Office, be sent out to the provinces with the hope that work conferences might be held at provincial and district levels.

There was a feeling that more getting together of the whole group to pool ideas would have been valuable. In this regard we were very happy that the consultant for Le Travail d'Equipe en Nursing—Mlle Giroux—was good enough to spare a few minutes to tell us of the thinking within the French-speaking group.

We did to some extent meet our objective which was to acquaint nurses in hospital and other community health fields with the current trend toward teamwork in nursing in order to develop interest that may stimulate a desire for wider knowledge and understanding, promote the application of the principle of teamwork in the practical situation, and lead to experimentation in the various fields of nursing.

We did not go beyond this to specific recommendations regarding such live issues as reciprocity between provinces for the well-prepared auxiliary worker.

Discussion centred upon the professional nurse and the prepared auxiliary worker. The team concept was accepted by all as well as the need for much better preparation of the professional nursing staff at all levels before the advent of this newer member of the team. It was felt that in introducing the team to a hospital it would be well if one department could be selected for a controlled experiment. Functions of the practical nurse were discussed. The group which discussed the community aspect made such comments as: "Have gained a clearer picture of agencies and their combined uses to aid the patient."

While the general feeling was that the work conference has been very worthwhile, we are all agreed that the overlapping with other interesting programs is regrettable. It was the hope of our group that there would be more workshops but in a different setting and with more opportunity for orientation.

Staff Education Work Conference

HELEN M. CARPENTER

The enrolment consisted of 42 participants with representatives from both nursing education and nursing service in the hospital and public health fields and various gradations of experience from the student nurse to the senior administrator and educator.

At the opening meeting the plan of the work conference was discussed. The participants were assisted in understanding this method of working together by observing a demonstration of a group at work, undertaking to define their problems in staff

education. Following this introduction the registrants selected the group of their choice; their interests made possible the formation of three sub-groups varying in size from 13 to 16 members. The remainder of the first conference was spent in the discussion and definition of the problems each group wished to consider. Stating problems assisted participants to clarify their thinking and to recognize that like difficulties were experienced in widely varied services.

The sessions on Wednesday and Thursday were spent in the consideration of such questions as: How to initiate a staff education program; how to stimulate and maintain interest in staff education; how to use the group conference, interview, project; and other topics relating to this field of education. Opportunity was given each member to discuss her experiences and to share her problems. The pooling of knowledge was helpful and new approaches to common difficulties were uncovered as discussion progressed. Through working together it was generally felt that knowledge was extended and a more comprehensive understanding of staff education developed.

A work conference provides an opportunity to share experience in the study of problems. It is an interesting educational device and one that seems helpful in assisting learning. Constructive suggestions submitted by the members to augment the value of this method were:

1. That participants be requested to submit their problems prior to the work conference and that they be compiled and distributed for study and consideration individually in order that the group could be ready to enter into discussion without delay.
2. That key participants in the work conference—that is, the consultants, leaders, secretaries, and observers—be those with knowledge of the subject under discussion, experience in leadership, and an understanding of work conference techniques.

Some felt that work conferences, as a part of the biennial meeting, caused conflict in that it was difficult to participate fully in other important aspects of the convention. It appeared to be the general opinion that such conferences might be organized and developed more satisfactorily on the provincial or local level.

Meeting the Total Needs of the Long-Term Patient

ALICE GAGE

In this work conference there were 47 registrants. The interests of the participants was such that it was decided to combine the areas of interest. There were two groups which studied:

1. The administrative aspects of a home care program and the rehabilitation of the long-term patient.
2. Nursing care and techniques in the care of the chronically ill and the affiliation of student nurses, either in an agency offering home care or in special hospitals for long-term patients.

Dr. Cherkasky's experience in this field and his ability to guide discussion proved a tremendous asset. I shall comment briefly on the results of group thinking in this conference. It was agreed that rehabilitation is the process by which the individual is enabled to obtain the fullest possible use of his capabilities within his own limitations, thus deriving the greatest satisfaction in life.

Lee Holt, Vancouver

DR. MARTIN CHERKASKY

This can be achieved by enlisting the understanding and assistance of the patient's family and community. The following services, personnel, and physical needs are considered essential to an efficient rehabilitation program. However, if these services are not available, efforts should be made as soon as possible to provide them. Consultative service or transportation of the patient to diagnostic and treatment facilities should be made available.

The need for an educational program of personnel to recognize the needs is of prime importance. There should be a referral centre or clearing-house for information to provide direction and coordination of service whether rural or urban.

Personnel needs

1. Medical care with diagnostic and consultative services available.
2. Nursing service—institutional, visiting, auxiliary.
3. Evaluation of social and emotional needs—by social worker and medical-social worker, if possible.
4. Homemaker and housekeeper service.
5. Physiotherapy.
6. Occupational therapy.
7. Rehabilitation officer.
8. Vocational guidance with educational facilities.

Physical needs

1. Suitable housing.
2. Hospital: various types—acute, convalescent, nursing custodial care, boarding homes.
3. Equipment and medication provided as necessary.
4. Transportation facilities.
5. Financial assistance to patient and family where necessary.
6. Employment service.
7. Recreational facilities.

The philosophy pervading this total program must be such as will recognize the patient as an individual, that it be suited to the patient's needs and so develop and maintain desirable attitudes of patient, staff, families, and general public. Thus this program may achieve its objective of meeting the total needs of the long-term patient. General conclusions reached by the groups were that:

1. The long-term patient should be segregated from the acute patient.
2. Teamwork is essential in meeting the physical, social, and emotional needs of the long-term patient and all existing facilities should be used to that end.
3. There should be an adequately supervised educational program in schools of nursing with the object of developing in the student nurse an awareness of the special needs of long-term patients. It was felt that this might be through affiliation with a centre where a well-planned program of total service for the long-term patient is in operation.

Student Nurse Work Conference

A. Isobel Black

Seventy-six student nurses representing 46 schools of nursing were divided into three groups to discuss: (a) the interpretation of the community's need for nurses to high school girls; (b) the purposes and responsibilities of a student organization within a school of nursing; (c) the objectives of professional organizations such as the provincial nurses' associations. Each group reported its findings separately following concentrated discussion.

Some of the difficulties encountered in student nurse recruitment programs and possible solutions to these problems developed from the discussions of the first group. One caught the echo of many long-discussed propositions, including:

1. The value of dominion registration as a means of lowering some of the barriers.
2. The wide differences in schools of nursing. Some standardization is needed.
3. Means of holding the interest of student nurses in order to prevent them from terminating their training were suggested. These included:
   (a) Active self-government.
   (b) Suitable recreational and social activities.
   (c) Students encouraged to take their

problems to their representative on the student council for action rather than attempting individual solutions.

(d) Student allowed to sit in on faculty and alumnae meetings to express student opinions.

(e) Better adjustment to residence life through provision of "Big Sisters," student counsellors, choice of roommate.

4. Financial problems deter many girls from entering training. Grants from governments, nursing associations, even the local student body would help.

The groups studying student government associations decided that an adequately functioning body has the following advantages:

1. It promotes unity among the students.
2. It provides a means for *professional* training by preparing a nurse to participate in alumae, provincial, and national association activity.
3. It develops confidence and draws out potential leaders.
4. It improves social life and breaks down barriers between students.
5. It is the fund-raising body for the school.

The functions of a student government association were defined as:

1. To enforce residence regulations.
2. To act as a channel of communication between the student body and the faculty, thus creating a better understanding.
3. To promote social activities.
4. To donate to worthy causes on behalf of the students.
5. To send representatives to C.N.A. and provincial conventions.
6. To review and make constitutional amendments for the governing of the student body.

Since both the faculty members in a school and the students are interested, primarily, in the same thing—the patients' welfare—there should be a cooperative, harmonious relationship. This might be improved by:

1. The appointment of a board composed of graduates that would be advisory to the student association.
2. Focusing more attention on the honor system with fewer rules and regulations.
3. The inclusion of faculty members in the students' recreational and social activities.
4. Students to be notified regarding changes in ward procedures which affect them.

The importance of good school spirit was defined and discussed. The following ways of improving it were listed:

1. The provision of a sufficient variety of recreational and interest activities to meet the needs of all students.
2. Enthusiasm on the part of the seniors is a vital factor. Such enthusiasm is catching. The "adoption" of new students by the seniors was stressed again.
3. The choice of good leaders for the student government association was vitally important. The qualities desired in a leader were listed as: high ideals, intelligence, ability to inspire others, enthusiasm, broadmindedness, conscientiousness, independent thinker with respect for the opinions of others, ability to speak well.

The group concluded that improved school spirit would be reflected in a better functioning student government association. A greater sharing of responsibilities and better conducted meetings would increase student interest. It was felt that attendance at mass meetings should be compulsory. The president should fully explain the aims of their association and the constitution to each new class. Regular meeting dates, rather than occasional, sporadic sessions were advocated.

The third group started their discussion with the problem of why so few young graduates take an active part in their provincial nurses' associations. Does the fault lie with the nurse or with the association? Some suggestions for improving the students' background of information were proposed. Among these were:

1. That alumnae associations make provision for a greater degree of participation on the part of senior students, in the belief that their interest and cooperation should be fully aroused before they graduate. Students might be invited to attend each meeting, the dates being posted well in advance.
2. Courses in professional adjustments could be organized by the student participants themselves, in workshop fashion. An elementary course should be included at the end of the preliminary period with a more advanced study being made at the beginning of the senior year. In this way the students'

growth in interest in professional organizations and activities would parallel her other preparation.

The most promising means of stimulating professional development was felt to be through the organization of provincial student nurses' associations, sponsored by the provincial registered nurses' associations. The students were enthusiastically of the opinion that such associations are valuable. The aims of such bodies should be to improve the professional, social, and cultural background of student nurses.

It was recognized that objections to such student nurses' associations appear to exist in some provinces since only Manitoba and British Columbia have proceeded with organization. The chief factors seem to be the students' time involved and the barrier of distance between schools. The groups felt that these problems could be studied and overcome, and recommended that efforts should be made to organize provincial student nurses' associations throughout Canada. The following proposals were made in this regard:

1. In each province, as many schools as possible get together to give their reports of this convention in order to stimulate interest within student bodies.
2. Where no provincial student nurses' association exists, an appeal be made to the provincial registered nurses' association to set up a Student Affairs Committee which would undertake the task of organizing the students' association as soon as possible.

It was inspiring to work with the students. All 76 of them, representing schools in seven provinces, studied, in a mature, professional manner, problems and activities of student nurses with a view to preparing themselves to function as strong, professional people and to strengthen their organization that they may serve better.

General Interest Sessions

JANET M. G. MCLEAN-BELL

This was the first biennial meeting at which we have had General Interest Sessions. It was felt that the biennial convention afforded an excellent opportunity to bring the clinical fields and the nurse into closer contact to their mutual benefit.

These sessions were planned by a committee consisting of the national chairmen of the Institutional, Public Health, and Private Nursing committees, and several nurses representing various interest groups in nursing. Previous to our first meeting in February, all the provinces were contacted for suggestions as to the latest developments in nursing which would be suitable for display and demonstration purposes. So well did the subcommittees work together that it was necessary to hold only two general committee meetings.

It is impossible to describe in detail the many subjects covered. I will limit myself to a brief mention of a few and to the comments which I overheard during my tours. Well-illustrated posters, films, and pictures showed the latest in cancer treatment, psychiatric nursing, industrial nursing, home treatment of arthritis, good nutrition, repair of hare-lip and cleft palate, burn therapy, rehabilitation of chronic illness, chest surgery, venereal diseases, and the administration of a central supply room. Exhibits of equipment showed the treatment of burns, eczema, the premature infant, the spastic child, cancer, and the post-operative patient.

One of the most frequent comments was: "Have you seen the neurological demonstration? You mustn't miss it—it's marvelous!" And it was a thrilling experience to see such precision, cooperation, and such a high level of nursing skill revealed during this demonstration. In fact there are rumors that in the near future a motion picture will be made of it. This will be eagerly sought by all teachers and supervisors. Credit is due our student nurses for the careful preparation and excellent delivery of their talks and demonstrations on poliomyelitis and burn therapy. We need have little fear of a lack of good instructors and supervisors in the future.

Many were the comments of appreciation for the opportunity to see the latest equipment being used in some hospitals and clinics such as the Stryker bed, the Swedish chair, the Simmons bed, the telebinocular and

audiometer machines, the Sweetland bed-warmer, the artificial kidney, and the Blanchard respirator to mention but a few of them.

The General Interest Sessions have proved a successful venture. If we are to call ourselves a professional body it behooves us to keep abreast of the many rapid advances and changes in the art of nursing. These sessions provide one channel through which we may do so. I would recommend that this precedent be repeated and, if possible, the opportunity to attend the interest sessions be afforded to all nurses at the convention.

Demonstration School Administration Committee

At Sackville, in 1948, the committee reported the opening of the Demonstration School and the entrance of the first group of students in January of that year. Before reporting to the members of the Canadian Nurses' Association on action since then, it may be well to review very briefly the purposes of the demonstration.

The general purpose, of course, was to make a contribution to the solution of the health problem of Canada. In the actual carrying out of the experiment the most fundamental purpose was to demonstrate the type of organization which will permit the nursing school actually to be a school, in the sense that the word is used in other fields of education. By this is meant an organization in which the school controls the time of its students, rather than a service organization doing so to a large extent—in other words, financial and administrative independence of any hospital. Obviously this necessitates an income for the school.

Having obtained this income and this independence, the purpose then was to find the most economical method (in health, time, and money) by which an adequate bedside nurse could be prepared.

What progress toward these aims has been made in the intervening two years?

Our first class graduated in February, 1950. In September, 1948, a second class of 24 was admitted; of these 23 will graduate in October this year. In September, 1949, 24 more students were admitted. This September, 30 will be accepted, this number being about the maximum which our present clinical field will support. Nurses will be interested to know, however, that applications greatly exceed this number.

It has been asked how the program of the school is to be evaluated. We need not argue now the question of the value of elaborate psychological tests, or whether good nursing can be measured mechanically; let it be admitted promptly that we are not using such tests at present. But there are some standards of comparison and measurement available to us. This school is visited by the same provincial adviser who visits other nursing schools; our students affiliate with others at several schools; they write the same registration examinations; they work with graduates in hospital wards and also with their instructors, who are of rather wide experience. The ultimate test is, of course, the graduate in action. Will people employ them? The answer in the case of our one group of graduates and of those just about to graduate is—*yes*, promptly and 100 per cent. It is in this employment that they are evaluated practically and finally. They and the School ask that they should be received in an open-minded way and judged on their merits; and this we think is being done.

Thus we may summarize results so far as follows: The freedom to plan the student's time for her learning advantage is realized more and more by staff and students to be invaluable and necessary, though this hardly needed proving. It would seem that the nurses being produced are *at least* able to hold their own in the field today: the hope is that they will continue to develop. A further result is an immense amount of interest in the demonstration, some of it from great distances and some about to result in similar experimentation.

What of the future? Writers in other countries have emphasized that this demonstration is unique and significant because

it is being carried out by the organized nursing profession of the country. Certain nurses have worked continuously with it but it was a unanimous resolution of the nurses present at a biennial meeting of the Canadian Nurses' Association which launched it. The demonstration still needs the participation of all our members. We assume that we all want it to go on without a break at the end of the original experimental period. It would appear that the only way it can do so is through public support and this requires public knowledge and demand. As members of the Canadian Nurses' Association we are at least obligated to understand and give a clear account of its policy; surely many of us will want to add our personal conviction that, through the system of nursing education which we are sponsoring, we can both maintain the old standards of nursing and adjust them to new conditions.

We can never be sufficiently grateful to the Canadian Red Cross Society, the city of Windsor, and the Metropolitan Hospital, who have made the Metropolitan School possible. The best way to thank them is to see that it goes on without interruption. In this every member can help by telling other nurses, doctors, health officials, and the general public about it, and urging their support.

—NETTIE D. FIDLER

Annual Meeting in Saskatchewan

On May 27, 1950, preceding the annual meeting, 35 superintendents of nursing and instructors from the 10 hospitals conducting schools of nursing met in Saskatoon at the Bessborough Hotel. The meeting was organized by the Education Policy Committee, S.R.N.A., and was presided over by Miss Lucy Willis, education director at Saskatoon City Hospital.

Besides providing an opportunity for exchange of ideas and general discussion on problems of mutual interest, a number of important subjects were reviewed by individual instructors and then discussed by the group present.

Efficiency reports and graphs	—Lucy Willis
Pre-entrance tests (English, spelling, etc.)	—Millie Turner
Remedial English	—Florence Bennee, Instructor in English Nutana Collegiate, Saskatoon.
Preliminary course —content and arrangement	—Ethel James
Examinations and methods of conducting them	—Lola Wilson
Bonuses and scatter graphs	—Gertrude James
Laboratory teaching	—Lucy Rechenmacher

The 33rd annual convention of the Saskatchewan Registered Nurses' Association was held in the Bessborough Hotel, Saskatoon, May 29-30, 1950. All sessions were presided over by Miss Ethel James. Co-hostesses were the Prince Albert and Saskatoon chapters. Twenty-eight centres were represented and registration totalled 171. Special guests present were Miss Ida M. MacDonald, Consultant for Rural Nursing Education, New York State Education Department, and Miss Alma Walls, representative for J. B. Lippincott Co.

The reports of the chapters and of all committees indicated that the year had been a busy and eventful one.

The report of the registrar, Miss K. W. Ellis, dealt first with events on a national level. She spoke of the Nursing Care Study, Structure Study, plans for Evaluation of Schools of Nursing in Canada, and the proposed appointment of an educational secretary—all major concerns of the C.N.A. to be discussed at the biennial meeting in Vancouver. Turning her attention to developments on a provincial level, Miss Ellis dealt with the growth during the past year both within the organization and between voluntary and official bodies. She spoke of the increase in membership from 374 in 1930 to 2,021 in 1949. The work of the Provincial Government survey is progressing and it is hoped some valuable information will be forthcoming from this important study in the near future.

She paid tribute to the support of the Provincial Government in making financial help available for various projects, largely through the Federal Health Grants. Support has been given for: bursaries to assist nurses to take or continue post-graduate courses in teaching, supervision, or administration as well as in public health nursing; a workshop to teach Workshop Technique; a grant of $2,000 now offered to schools of nursing for the purchase of approved teaching equipment, etc.; an annual grant for the support of the Nurse Placement Service; a plan to establish, on an experimental basis, affiliation for student nurses with *selected* hospitals in rural areas, under *carefully supervised* conditions and a similar affiliation with one or more public health units; and continued financial aid through the Dominion-Provincial Youth Training Plan for needy students in schools of nursing. Miss Ellis announced the decision of the Council to move the provincial offices to Regina, where they were formerly located. She said farewell to the association as registrar, for with the presentation of her report Miss Ellis formally announced her resignation as secretary-treasurer and registrar.

Miss Ellis' report as adviser to schools of nursing was filled with facts which are of vital interest to all. It indicated the need which still exists for an increase in teaching personnel and general duty nurses. It is of interest to note that, barring a few assistants, all instructors in schools of nursing have had some special preparation for teaching. Other special features mentioned in the report were: the experiments with the teaching program being undertaken in a few schools; the affiliation for student nurses in tuberculosis and psychiatry and the proposed affiliation in rural hospitals and health units. With few exceptions our schools have more applicants than they can accept and the majority of these have complete Grade XII standing.

Following the business session of the first morning, Miss Ida M. MacDonald delivered an address on "Centralization of Facilities as an Aid to Regional Planning for Schools of Nursing." This address was of special interest to all present inasmuch as affiliation for student nurses in selected rural hospitals in Saskatchewan is contemplated. Miss MacDonald stressed that the value of such affiliation lay in two facts: (1) nurses are so close to the patients that it is easier to remember that the patient is a person; and (2) the student gets to know the community and becomes acquainted with the problems of health and industry in the community.

A special luncheon meeting was held for chapter delegates. At this meeting some of the problems confronting chapters were discussed. Much valuable information concerning professional problems, chapter organization and programs was prepared to be carried back to the local chapters by their delegates.

A panel discussion on "The Graduate—What Does She Want Most" was led by Miss MacDonald. The four nurses participating in this were: Miss M. Ernshaw (Tisdale), Miss M. MacKenzie (Saskatoon), Mrs. M. Robertson (Saskatoon), and Mrs. E. Woods (Elrose). Ideas and facts on the economic question, job satisfaction, a program of orientation for *all* nurses in every field, community welcome for nurses, staff conferences, and the fact that "a nurse should have a chance to *nurse*" were all dealt with during the lively and interesting discussion.

Tuesday morning, the three standing committees held their meetings and discussed problems of particular interest to them, while the student delegates had a discussion on "Procedures at Public Meetings." This was under the chairmanship of Miss Sheila Leeper and was conducted by Mrs. A. L. Caldwell, B.Sc., Saskatoon. The three standing committees came together at 9:15 a.m. to hear Dr. D. M. Baltzan present a paper on "New Discoveries in Medicine." Dr. Baltzan vividly described the wonders of these new discoveries but pointed out the dangers that might follow the use of many of the new drugs unless administration is in the hands of those skilled in their use.

During the morning, time was devoted to the discussion of the proposed program of the C.N.A. in relation to the various new projects. In relation to the evaluation of schools of nursing, Sister Irene, superintendent of nurses, Holy Family Hospital, Prince Albert, presented a special paper which not only gave general information on the subject but answered a number of the questions nurses have been asking concerning this all-important matter.

A. C. Blackwood, Ph.D., assistant research biologist, National Research Council, Prairie Regional Laboratory, Saskatoon, addressed the meeting on Tuesday afternoon. His subject was "The Organization and Work of the National Research Council." He showed slides made at the Prairie Regional Laboratory to illustrate his talk.

On the last afternoon, on behalf of the S.R.N.A., Miss Ethel James presented Miss K. W. Ellis with a sterling silver dresser set as a small token of appreciation for her work as registrar of the association.

Of special interest at this annual meeting was the exhibit of original cartoons on "The Head Nurse," loaned by Miss Frances Reiter, assistant professor of nursing education, Teachers College.

The convention was not without its social events. A no-hostess luncheon was held on the last day of the meeting. A picnic on the lovely grounds of the Saskatoon Sanatorium on Monday afternoon provided a time of relaxation. Tours through the hospital were arranged through the kindness of Miss Muriel Jarvis, superintendent of nurses, and her staff.

Ballots were sent to all members prior to the annual meeting. Those elected to office for the coming year were: Mrs. J. E. Porteous, president; Isabelle Langstaff, first vice-president; Sr. M. Tougas, second vice-president; Dorothy Code, councillor. Committee chairmen: Private Nursing, Mrs. Gertrude Anderson, Regina; Institutional Nursing, Agnes Campbell, Prince Albert; Public Health Nursing, Mary Edwards, Swift Current.

LOLA WILSON
Secretary-Treasurer and Registrar

Industrial Nurses Confer

(*Concluded from page 814*)

of the community in which she works and should not hesitate to use them. A film on cadmium poisoning, entitled "Capital Story," was shown to the group to illustrate his talk. Tuesday afternoon was spent in visiting several plants.

Wednesday morning was devoted to "Demonstrations and Displays." This session was under the capable direction of Miss J. Favreau, Quebec Hydro-Electric Commission. Books, folders, pamphlets, posters, and periodicals decorated the School. Several firms had booths and displayed fine exhibits of various medical supplies. Our attention was drawn to the requirements of an emergency bag, a new type of wheel-chair, and the latest in a sight-testing machine known as the Ortho-Rater. Several companies in Quebec have adopted the Ortho-Rater as a more accurate means of vision testing for placement and transfer of employees to jobs for which they are visually fit. Many nurses took the opportunity of having their eyes tested.

Mrs. Margaret Oulimar of the Victorian Order of Nurses, Montreal, gave a very interesting talk on "Opportunities in Home Visiting." She stated the industrial nurse should not assume the role of a truant officer. She should be a friend and counsellor, not only to the sick employee but to the whole family.

In the afternoon, Mrs. Genevieve Pembroke spoke on "Public Relations." Her message was that we should welcome every opportunity to talk, particularly to groups within our companies. We should use simple English and speak so we can be heard. This was followed by a lively discussion period, which proved that everybody enjoyed the entire program. Nurses from a variety of industries exchanged ideas and discussed their problems. It was suggested that it would be of interest to the group to have short post-graduate refresher courses.

The evening session was presided over by Dr. R. P. Vivian, chairman of the Department of Health and Social Medicine, McGill University. He introduced Dr. K. C. Charron, chief, Industrial Health Division, Department of National Health and Welfare, who spoke on "Changing Concepts in Occupational Health"—a very interesting and informative talk.

On leaving the assembly hall, we were all invited downstairs to have refreshments. Tables had been attractively arranged with cut flowers. Groups congregated and exchanged greetings and ideas while they drank their coffee. A jolly atmosphere reigned and everybody, up until the last good-bye, seemed to enjoy themselves. A great many expressed hope that we would meet again as a unit in the near future.

VERA CLANCY
Nursing Supervisor
Northern Electric Co. Ltd.

Student Nurses

Cooperation in Health Services

DULCIE MELLISH

Average reading time — 8 min. 36 sec.

DURING OUR SENIOR YEAR we received a course of lectures in community health. To demonstrate the fact that the hospital is a community agency our last class was in the form of a panel. Our physician-in-chief has a very keen interest in the influence of the environment on the patient, both physiologically and psychologically. He asked to have his fourth-year medical students attend our panel. This combined class now is scheduled twice a year and takes the form of a panel on a family known to several agencies. All the agencies acquainted with this family present the aspects of the case as they have known them.

Presiding as chairman was Miss J. Whiteford, health instructor. Miss B. L. Pullen, superintendent of nurses, introduced the panel, consisting of Dr. J. D. Adamson, physician-in-chief; Miss I. McDiarmid, director, Social Service Department; Miss E. Graham, head nurse of a ward; Miss H. Setka, supervisor, Out-Patient Department; Miss D. Marshall, staff nurse, City Health Department; Miss E. Rose, staff nurse, Victorian Order of Nurses. Each of these presented a report of work done with the family. Miss M. Hart, director, School of Nursing Education, University of Manitoba, summarized the report.

The aims of the panel were outlined as:

1. To demonstrate the effective use of the hospital as a community health centre.
2. To understand the values to the patient of correlation of hospital and other community resources.
3. To understand the value of health teaching as it is integrated into the hospital care.
4. To illustrate the value of a knowledge of the patient's environment in providing effective patient care.

Dr. Adamson presented the medical aspects by emphasizing the patient as a unit in society, rather than merely a person with a disease. He stated that personality, intellect, temperament, emotions, education, environment, economic level, habits, occupation, recreation, and organic disease are all important to accurate diagnosis. In hospital, perhaps too frequently, the organic symptoms appear of greater importance.

Miss McDiarmid dealt with the social aspects of the Black family, consisting of father, mother, and four children—two boys and two girls. Mrs. Black, 41 years of age, has been taking epileptic seizures since she was 13. Her manner is very abrupt and rude at times. She worries about this and seems genuinely sorry but states that it is because she is distressed about the frequency of her seizures. The two girls are away from home and the two boys, who are still attending school, are at home with their mother.

In the past five years, the Winnipeg General Hospital has provided medical attention on different occasions for four members of the Black family. The aims of the ward nurses were presented by Miss Graham as being:

1. To meet the family's need for bedside care.
2. To assist the family to improve their standard of health.

Miss Mellish wrote this account as a senior student nurse at the Winnipeg General Hospital.

3. To help the individual make a better adjustment in his post-hospital care.

Thereby we see where every nurse has a responsibility for the health of the public.

On different occasions Mr. Black was admitted to hospital where he was given adequate medical and nursing care for eyestrain, and two serious accidents which made it necessary to amputate part of one finger. Poor lighting and poor working conditions were suggested as possible causes. In reviewing the care given Mr. Black, Miss Graham thought that periodic physical examination should have been stressed and that he could have been referred to the Department of Industrial Hygiene. This would have assisted him to make a better adjustment.

The first contact with the principal person—Mrs. Black—was in the casualty ward in May, 1945. She and her baby, Robert, had burns sustained from boiling water, thought to have been caused during one of the mother's epileptic seizures. In view of their untidy appearance, their unsatisfactory dressings, and because there was no one at home to care for the baby, they were admitted to hospital.

Miss Graham was able to show our group where patient teaching in hospital is essential to an epileptic in helping her understand her condition and her limitations. The nutritionist was consulted and Mrs. Black was given a special diet. She was referred for dental care and was given exit prescriptions for vitamins and stilbestrol.

The students were shown how the emergency service in a hospital can assist patients by detecting their needs for education and trained nursing care. On her discharge the mother was referred to Social Service who in turn contacted the Victorian Order of Nurses for the supervision and care of the burns in the home.

Miss Rose then illustrated how the V.O.N. can assist the patient by giving post-hospital care. Several visits were made to do burn dressings as well as to help the mother to adjust to her epileptic condition.

Miss Setka, in evaluating the aspects of the Out-Patient Department, stated their aims:

1. To render efficient medical diagnosis to the ambulatory patient on small or no income.

2. To promote adequate medical and nursing education and supervision to the patient, thus enabling him to remain or become rehabilitated. Casualty, being primarily for emergency care, is often a stepping-stone to Out-Patient Department for the patient with this income.

The members of the Black family have been seen in casualty, surgery, medicine, prenatal, dermatology, and pediatric clinic. Mrs. Black's visits were very irregular. Perhaps, through closer working relationship with Social Service and other community agencies, this problem would have been solved.

Miss Marshall illustrated how the public health nurse met the needs of the Black family. The first contact the public health nurse made was five years before when she supervised the mother and new baby on their return from hospital. Other visits were made to the home because of the frequent absence of the youngest girl from school and because of Mrs. Black's epileptic seizures. Referrals were made to the Children's Aid Society due to apparent neglect of the children during the mother's absence in hospital. During their visits the nurses gained Mrs. Black's friendship and confidence, an essential feature in public health nursing. In so doing they helped Mrs. Black and family make better adjustments.

Mrs. Black has a genuine feeling of affection for her children. Within her capacity, she is interested in improving her home for the family and she shows appreciation for what is done for her.

Epilepsy, unlike most long-term illnesses, is sometimes regarded by the patient as not being socially accepted. It is important, therefore, for doctors and nurses to be aware of the mental or emotional aspects of such people and to display sympathy and understanding to gain more cooperation from the patient

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and to help her to live with her disease.

This panel has shown how the many agencies in the community, including the Winnipeg General Hospital, mesh their services and how the health and social agencies of our city and province work together to meet more effectively the needs of a family. For instance, they help keep homes together, assist persons handicapped with epilepsy to meet their responsibilities, and help children to have a more normal development.

A Break with the Past

The Metropolitan Life Insurance Company recently announced to the company's field force, to local public health nursing agencies, and to its own visiting nurse staff the discontinuance of the company's home visiting nursing service to policy-holders in the United States and Canada, effective not later than January 1, 1953. The marked improvement in health conditions and the increased hospitalization for acute illness and maternity care—the types of conditions for which the Metropolitan's nursing service was established in 1909—are important factors which have led to the company's decision.

The company has been closely identified with public health nursing since the beginning of its nursing service for policy-holders. Although it has recognized the value of all types of public health nursing, the company's service has consisted almost exclusively of home visiting in acute illness and limited prenatal and postnatal home care. The improvement which has taken place in disease and accident prevention, as well as in treatment, has diminished the need for this service. For the past two decades the requests from policy-holders for service have declined steadily. During this time physicians have made increasing use of the hospital rather than the home for diagnosis and treatment of acute illness and serious accidents, as well as for maternity care. Meanwhile, visiting nurse associations have multiplied in number and broadened their programs to include services to industries, schools, care of chronic illness, etc. Local health department participation in nursing has grown and voluntary sickness insurance programs have begun to include nursing benefits. All of these factors have contributed to lessening the requests for the company's nursing service to a point where now only a small percentage of all policy-holders use the service.

President Leroy A. Lincoln emphasized that the company, through its Health and Welfare Division, is continuing its traditional interest and activity in disease and accident prevention and health promotion. It intends, as in the past, to adapt its program to current conditions, discontinuing those in which the purpose seems to be accomplished and turning its attention to new problems which require solution. Mr. Lincoln's announcement paid warm tribute to the splendid service rendered to the company's policy-holders by its salaried nursing staff as well as those official and voluntary nursing organizations which have participated in its bedside nursing program.

N. L. BURNETTE, D.Sc.S.
Assistant Vice-President
Health and Welfare

Sugar Substitute

A new heat-stable, non-caloric synthetic sweetening agent, which is reported to be highly beneficial in restricted and low-calorie diets such as those followed by thousands of diabetics and reducers in this country, is now being manufactured in Canada by Abbott Laboratories Ltd.

Known as SUCARYL Sodium (cyclamate sodium, Abbott), it contains 125 mg. of sodium cyclohexyl sulfamate, 269 mg. of

sodium bicarbonate, and 240 mg. of tartaric acid.

The new sweetening agent has the ability to sweeten foods without adding forbidden calories or carbohydrates to the diet. Previously saccharin was the only non-caloric sweetener available. It is decomposed by heat which causes it to lose its sweetness. Saccharin is also frequently described as having a bitter after-taste when used in drinks and uncooked foods. Sucaryl has no bitter after-taste when used in ordinary proportions. Being heat-stable, it can be used in cooking, baking, or canning and performs its sweetening function even in boiling solutions.

With the development of Sucaryl it is now possible for diabetics and reducing patients to include a wide variety of foods in their diets which were formerly restricted because of sugar content and not possible with saccharin because of its instability. It is stated that Sucaryl will also simplify the problem of having to prepare a special diet for one person because food and drinks sweetened with Sucaryl are equally palatable to all members of the family.

Sucaryl will be supplied in tablet form, with each eighth-gram tablet equivalent in sweetening power to one teaspoonful of sugar. The tablets are effervescent to reduce dissolving time to a matter of seconds in warm solutions. Each tablet is grooved for easy separation to suit individual tastes. The tablets will be packaged in handy bottles of 100 tablets, as well as bottles of 1,000, available to the public at drug stores only.

Although Sucaryl will be prescribed or recommended by physicians it will also be available without prescriptions. However, because it will be used continually by people in all states of health a precautionary limit of eight tablets per day has been imposed for each user. And because sodium salts are relatively slowly eliminated, it is advised that patients suffering from severe kidney ailments take Sucaryl in moderate amounts and only under doctor's supervision.

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Tongue Important Disease Indicator

Years ago a doctor's observation and study of a patient's tongue were an important part of nearly every physical examination.

"Let me see your tongue," the old-time physician would ask his patient, and from its appearance and color he could usually make an accurate diagnosis. He was quick to recognize the strawberry tongue of scarlet fever, the shriveled tongue of dysentery, and the brown, dry tongue of typhoid fever.

"Newer diagnostic methods and increased laboratory facilities have supplanted to some extent such detailed observation," says Dr. Russell A. Sage of Indianapolis, but he adds that, despite all the scientific advancements, the modern physician can still rely on the tongue as an important indicator of many diseases.

Writing in the *Archives of Otolaryngology*, published by the American Medical Association, Dr. Sage tells how nature has adapted the tongues of animals to meet individual requirements. In the muskellunge, for example, toothlike appendages are present which enable the big fish to hold his prey while he turns and scales it and in the cow the "nonskid" surface of the tongue enables the animal to grasp its grassy food better.

In man, sores of the tongue are commonly found on the surface or covering tissue which transmits sensations to the brain. Changes of temperature, touch sensations, and the ability to perceive the four basic flavors—salt, sour, bitter, and sweet—are the primary functions of the tongue-covering membrane.

"Generalized nervous disorders may be shown by certain misbehaviors of the tongue," Dr. Sage says, citing as examples the tremors seen in hyperthyroidism, the clumsiness of the tongue in decreased thyroid function, and its "purposeless movements" in chorea or St. Vitus' dance.

In anemia, where the number of red blood cells or the amount of hemoglobin in the blood is reduced below normal, the tongue becomes pale.

A slick tongue, Dr. Sage says, usually means vitamin deficiency.

A coated tongue often has little to do with the state of a person's digestive system. "It may be a local condition due to lack of oral cleanliness," the author writes.

Edema or swelling of the tongue is due to

infection or allergy. It often occurs in persons who have eaten fish, walnuts, or chocolate and it may result from bites and stings of insects or other injury.

An inflamed tongue might be caused by irritation from a jagged tooth or by an infection of the taste buds, while a burning tongue is usually associated with various forms of anemia and vitamin deficiencies. A poor fitting denture or excessive smoking may also cause a burning sensation of the tongue.

Vitamin deficiencies, due to lack of riboflavin and to lack of nicotinic acid (the cause of pellagra), bring on an inflammation of the tongue.

A "geographic tongue," in which the surface is marked by long, deep furrows instead of being smooth, is a common condition. Grayish thickened patches on the surface are noticed. The condition is "relatively harmless but causes a great deal of worry in the mind of the patient," Dr. Sage says.

Ulcers of the tongue occur from infection and chronic irritation and one of the most distressing tongue afflictions is the common canker sore. There are several types and it is believed that indigestion, infected tonsils, adenoids, and uncleanliness of the mouth and teeth are contributing causes to this unpleasant and painful mouth condition.

Dr. Sage says one type of canker sore occurs periodically in otherwise healthy adults and is probably due to an idiosyncrasy for some food, such as fish or walnuts. Until the offending food is discovered, the only treatment of value is light cauterization. "This," writes Dr. Sage, "sears the endings of the sensory nerves and enables the patient to eat with comfort."

Abscess of the tongue may result from wounds, especially puncture wounds or infections deep in the tissues. Recovery is quite rapid after the abscess has been opened.

Dr. Sage says that pathologic conditions of the tongue may be classified as tissue growth and destruction, infections, cancers and tumors, abnormalities present at birth, and disturbances due to mechanical causes.

—*Health News*

The Canadian Arthritis and Rheumatism Society has announced details of the fellowship program that it is sponsoring for medical post-graduate study of rheumatic diseases. Two hospitals in Canada—Sunnybrook Vet-

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(No. 5 of a series)

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By J. P. West, M.D. Attending Surgeon, St. Luke's Hospital, New York City; Manelva Keller, R.N. and Elizabeth Harmon, R.N., Instructor in Surgical Nursing, New York City Hospital. 500 pages, 1950. Price $4.00.

Previously titled TEXTBOOK OF SURGICAL NURSING, the fifth edition of this popular book has been completely rewritten to include modern practices in the field of surgical nursing. The *total* nursing care of the patient is emphasized throughout.

NUTRITION AND DIET THERAPY

By Fairfax T. Proudfit, University of Tennessee School of Nursing, and Corinne H. Robinson, formerly at Columbia University School of Nursing. 950 pages, 1950. Price $4.00.

The new tenth edition brings entirely up to date this well established text in dietetics. Much new material and many new illustrations have been added.

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erans Hospital, Toronto, and Royal Victoria Hospital, Montreal—have indicated their willingness to accept suitably qualified doctors for this important work. Other hospitals in the United States and Britain are prepared to provide similar opportunities for fellows.

Nursing in Norway

As in other countries, there has been an almost catastrophic shortage of nurses. Hospitals have had to call on untrained nursing personnel, to whom they give some sort of instruction, although there are no schools for training so-called practical nurses nor are these schools being planned. At the International Conference in Stockholm, the Northern countries, especially Denmark and Norway, kept aloof from the idea of training practical nurses. Assistants in hospitals in Norway are regarded as temporary aids until nurses in sufficient numbers can be recruited to meet the demand. The situation already shows considerable improvement. . . Many feel that a small country with a population of approximately 3,000,000 people should not attempt to educate two different types of nurses. This, for one thing, does not seem quite fair to the young people themselves, since many would choose the shorter period of training and the less expensive education.

—*Information Bulletin for Red Cross Nurses*

School Children Health Care

Basic principles for provision of health care for school-age children have been defined for the first time on a world-wide basis by a group of medical officers, pediatricians, school physicians, health educators, and nurses called together by the World Health Organization.

The expert committee on school health services, which met at Geneva, August 5-12, emphasized the need for school services to be organized as "team projects" involving parents, the community, professional groups, social agencies, and others interested in child welfare. Moreover, the committee pointed out, school health services should be a direct continuation of preschool services.

They stressed the belief that schools in all

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areas, particularly in under-developed regions, should serve as demonstration centres for public health measures. Sanitary school buildings not only should promote the child's health but also should serve as an educational example for the community.

The committee listed minimum, comprehensive, continuous functions to be performed by school health services:

1. *Medical supervision and dental hygiene.*
2. *Communicable disease control:* Preventive measures against communicable childhood diseases should be organized by each school.
3. *Nutrition:* The committee believed that schools, particularly in areas of low economic status, have an important function in actual provision of meals and that nutrition education should go along with meals.
4. *Mental health:* Since schools provide an excellent opportunity for detection of psychological problems in children at an early stage the committee stressed the value of mental health programs in schools and emphasized the role of the school teacher.
5. *Health education:* The committee recommended establishment, wherever possible, of health education programs in cooperation with parents and community groups.

The experts also stressed the need for organization in all schools of school teams composed of doctor, nurse, and teacher. Health work should be planned jointly and carried out cooperatively by teachers, physicians, nurses, other specialists, and administrators.

The greatest single factor favoring thrombus formation in the lower extremity is the sudden confinement to bed of a previously ambulatory older person without the benefit of exercise or the aid of gravity in the maintenance of an efficient venous circulation. Planned and supervised voluntary movement and the elimination of too much leg comfort should reduce the incidence of thrombosis and pulmonary embolism.

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Further information may be obtained from the *Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria.*

Candidates must be British Subjects, under 40 years of age, except in the case of ex-service women, who are given preference, unmarried, or self-supporting. Application forms obtainable from all *Government Agencies, the Civil Service Commission, Weiler Bldg., Victoria,* or *636 Burrard St., Vancouver,* to be completed and returned to the **Chairman, Victoria.**

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Superintendent of Nurses, Mountain Sanatorium, Hamilton, Ontario.

Book Reviews

The Nature and Direction of Psychiatric Nursing—The Dynamics of Human Relationships in Nursing, by Theresa Grace Muller, R.N., A.M. 379 pages. Published by J. B. Lippincott Co., Medical Arts Bldg., Montreal 25. 1950. Price $6.00.

Reviewed by Laura B. Fair, Supervisor of Nursing, Ontario Department of Health.

This book is primarily for the use of instructors. It provides a wealth of material which may be used in the basic program for professional students. It is also planned to supply the nurse with an understanding of nurse-patient relationship, which not only applies to the nursing care of the mentally ill but also to all fields of nursing. The nurse is given a better understanding of the causes of mental disorders by tracing the developments of the individual from his earliest emotional patterns. The psychological principles underlying effective nursing are discussed as well as the effective application of these principles in the bedside care of the patient.

The presentation is divided into three distinct parts. Part I discusses the status of psychiatric nursing and its contribution to nursing education. It develops the preparation for psychiatric nursing which includes consideration of: (1) Patients with symptoms of mental illness; (2) facilities for the care of the mentally ill; (3) psychiatric nursing education; (4) other related groups assisting with the care of the mentally ill; (5) therapeutic and preventive measures.

Part II discusses the nature of psychiatric nursing which illustrates the role of the nurse in assisting in the treatment of the mentally ill. The nurse is required to have a thorough understanding of the behavior of the patient in order to be effective in her nursing care.

Part III discusses the direction of psychiatric nursing, emphasizing the evaluation of personnel, the planning of programs for in-service staff, psychiatric nursing in the basic curriculum and in the advanced professional curricula with suggestions for educational progress.

This book is easily read and lends itself to thoughtful study. Besides suggestions for reference reading at the conclusion of each chapter, there is an extensive bibliography.

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The Directress of Nurses, 343 West 50th Street, New York City 19

Medical Ethics, by Charles J. McFadden, O.S.A., Ph.D. 438 pages. Published by F. A. Davis Co., Philadelphia. Canadian agents: The Ryerson Press, 299 Queen St. W., Toronto 2B. 2nd Ed. 1949. Price $4.00. (A Reference Manual of 88 pages for this text is also available from Ryerson. Price $1.75.)

Reviewed by T. Finucane, Lecturer in Applied Ethics, Regina Grey Nuns' Hospital.

"Medical Ethics" is a textbook in nursing ethics written especially for schools of nursing. However, it differs in many ways from the usual textbooks on this topic which are, for the most part, texts on nursing etiquette. Such subjects as good manners, tact, personality, conduct and duty, imagination, tone of the nursing school, discipline in daily life, which form the subject matter of such books, are of great importance in the training of a nurse. "But far more fundamental and necessary are proper ethical standards for her guidance in the very difficult and very real moral problems which she constantly encounters."

Ethics, then, according to McFadden, is "that science which studies the morality of human acts through the medium of natural reason. It is a science which is directive of the moral acts of man's will according to basic rational principles. In a word, Ethics teaches us how to judge accurately the moral goodness or badness of any human action."

Starting from the dictates of the Natural Law, which are clarified by Ecclesiastical Law, the author treats of the many complicated moral problems which occur in the life of a nurse in her mission of mercy. These problems are drawn from up-to-date medical practice and then solved by the application of strict ethical principles of right and wrong. The chapter on the foundations of morality, with its explanation of the double-effect principle, is especially good and should be of interest to all in the nursing profession. Each chapter concludes with problems for discussion and a list of references to current medical literature. The accompanying "Reference Manual" by the same author gives authoritative and clear answers to these problems for discussion.

An appropriate foreword by Msgr. Fulton Sheen, and an appendix with such topics as the medical and ethical code for Catholic hospitals, etc., rounds out the book and makes

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it one that should find a place in every hospital library, either as a reference manual or textbook.

Ecology of Health—The New York Academy of Medicine Institute on Public Health, 1947. Edited by E. H. L. Corwin, Ph.D. 196 pages. Published by The Commonwealth Fund, 41 East 57th St., New York City 22. 1949. Price (in U.S.A.) $2.50.

Reviewed by Isabel Black, Regional Supervisor, Division of Public Health Nursing, Ontario Department of Health.

This volume is based upon papers presented by well-known leaders in the field of social biology, public health, and clinical medicine at the Institute in Public Health held in connection with the Centennial Celebration of the New York Academy of Medicine in April, 1947.

Seven fundamental aspects of public health are presented. These embrace: genetics; maternal health and nutrition; animal and insect reservoirs of disease; climate, geography, and disease; realities in preventive psychiatry; trends in the development of state and local health services in the U.S.; professional and lay education; and the public health implications of the Hill-Burton Act. References are listed at the end of each chapter. Dr. H. S. Mustard in his introduction states that "this book may be regarded as a point of departure for the next century's progress in public health and as a milestone from which to consider both prospect and retrospect."

For the public health nurse the chapters on Maternal Health and Nutrition and the Realities in Preventive Psychiatry will be of special interest. The entire book is easily read and would be valuable to all public health workers. The last chapter on The Education of the Layman is particularly challenging to educational leaders and to each one of us who, according to Dr. F. Bobbitt, is a layman three-quarters of the time.

Textbook of Pharmacology for Nurses, by Margene O. Faddis, R.N., M.A., assisted by Joseph M. Hayman, Jr., B.A., M.D. 458 pages. Published by J. B. Lippincott Co., Medical Arts Bldg., Montreal 25. 3rd Ed. 1949. Illustrated. Price $4.00.

Reviewed by Barbara Gillies, Science In-

structor, Vancouver General Hospital School of Nursing.

This is a book that should prove of definite value to the student and graduate nurse in the field of pharmacology. Physically, the book is well prepared. The quality of the paper is good although perhaps a little thin; the print is good and the book itself is well bound. The content, aided by appropriate illustrations, is presented in a very readable fashion. It is divided into units according to the systems of the body.

I was particularly impressed with the manner of presentation. The motivation at the beginning of each chapter consists of a brief outline of the reasons for the importance of the drugs discussed in the succeeding pages. At the end of each discussion of most of the drugs, there is an excellent section called Special Points for Nurses which clearly defines and emphasizes the nurse's responsibility with regard to that drug. At the completion of each unit is a self-scoring section consisting of appropriate questions on the preceding chapter. The answers are listed at the end of the book.

The material itself is very up to date and includes such drugs as the antihistaminics, dicumarol, the sulfonamides, penicillin, streptomycin, and others. In spite of this newer material, the older standard drugs are in no way neglected and a thorough study is presented of all the important drugs. There is, however, no section on the reading of prescriptions which one might expect to find in a book of this type.

I feel that this book would provide a very suitable text for student nurses and should definitely be included at least as a reference book in every school of nursing library.

Ontario

The following are recent staff changes in the Ontario Public Health Nursing Service:

Appointments: *Mary Pae* (Montreal Gen. Hosp. and University of Toronto general course and advanced course in administration and supervision) as public health nursing supervisor, Lennox and Addington health unit; *Margaret Coogan* (St. Joseph's Hosp., Peterborough, and University of Ottawa public health course) to Stormont, Dundas

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and Glengarry health unit; *Muriel Laturney* (Kingston Gen. Hosp. and U. of T. gen. course) to Kingston board of health; *Margaret Tanney* (St. Michael's Hosp., Toronto, and University of Ottawa p.h.n. course) to Porcupine health unit; *Helen Waring* (Riverdale Hosp., Toronto, and U. of T. gen. course) to Simcoe County health unit; *Beatrice Whalley* (Hamilton Gen. Hosp. and U. of T. gen. course) and *Marion Peirce* (St. Joseph's Hosp., London, and University of Western Ontario certificate course), both of whom had been with Bruce County health unit, and *Mary LeFave* (Toronto Gen. Hosp. and U. of T. gen. course), formerly with Welland and district health unit, to Windsor board of health.

Resignations: *Marjorie Armour* from Halton County health unit; *Lois Costello* and *Leone Dockendorff* from Northumberland and Durham health unit; *Beaulah Hillborg* and *Sophie Jopko* from Wellington County health unit.

Victorian Order of Nurses

The following are recent staff changes in the Victorian Order of Nurses for Canada:

Scholarship Placements—Having completed post-graduate training at the universities indicated, the following nurses have been appointed to the various branches:

UNIVERSITY OF ALBERTA — Galt, Ont.: *Vivian Harding*. UNIVERSITY OF BRITISH COLUMBIA—Lincoln County, Ont.: *Amy Parliament*. Vancouver: *Marion Boyle*. UNIVERSITY OF MANITOBA—Winnipeg: *Jean Allen*. MCGILL UNIVERSITY—Montreal: *Lorna Tomalty*. Woodstock, N.B.: *Sheila Jamieson* as nurse in charge. MCMASTER UNIVERSITY—Toronto: *Jean M. Cline, B.Sc., Marilyn Shute*. UNIVERSITY OF MONTREAL—Lachine, Que.: *Sylvaine Cadorette*. Rouyn-Noranda, Que.: *Jeannine Nobert*. Ste. Anne de Bellevue, Que.: *Pierrette Daoust*. UNIVERSITY OF TORONTO—Trenton, Ont.: *Minola Gould* as nurse in charge. UNIVERSITY OF WESTERN ONTARIO—Chatham, Ont.: *Mary L. Martin*. Sarnia: *Margaret Kenny*. Toronto: *Agnes Cree, B.Sc.N., Jean Rollo, Helen Turnbull, B.Sc.N., Eleanor Vance*. Wolville, N.S.: *Phyllis Wightman* as nurse in charge.

Appointments—Montreal: *Julia Leblanc* (Hotel Dieu, Campbellton, N.B.). North Bay, Ont.: *Mary T. Murray* (St. Mary's Hosp., Montreal). North York, Ont.: *Ruth Wallbridge*

(Kingston Gen. Hosp.). Sherbrooke: *Mrs. B. (Kay) Baker* (Royal Victoria Hosp., Montreal). Toronto: *Everil Eade* (Hamilton Gen. Hosp). Vancouver: *Lavinia Crane, Rae Swartfiguer* (Vancouver Gen. Hosp.). Winnipeg: *Catharine McDonald* (St. Joseph's Hosp., London).

Transfers——*Margaret Bridge* from St. Thomas to London; *Betty Eggen* from Trenton, Ont., as nurse in charge, to Montreal.

Leave of Absence——*Jean Adams* as nurse in charge, Wolfville, N.S.

Resignations——Calgary: *Elsie Lloyd*. Digby, N.S.: *Margaret Whebby* as nurse in charge. Edmonton: *Peggy Milner*. Halifax: *Caroline Routledge*. Kentville, N.S.: *Evelyn Rice* as nurse in charge. London, Ont.: *Margaret Elder*. Montreal: *Beatrice Carpentier, Sadie Kaplan, Elizabeth McGregor*. Niagara Falls: *Elsie (Schuman) Lynes* as nurse in charge. North Bay: *Isobel Malleau*. Rouyn-Noranda: *Lucile Baxter*. Ste. Anne de Bellevue: *Louise Chevalier* as nurse in charge. Toronto: *P. Beardsall, Barbara (Wisener) Gow, Lenore Mather, Helen Turner*. Winnipeg: *Mrs. V. Prentice, Ruth Stockley*.

News Notes

BRITISH COLUMBIA

PENTICTON

The resignation of Clara Dorrett as director of nursing at Penticton Hospital was accepted with regret. She has carried out her duties with efficiency during the past 15 months. Mary E. Walker, who has acted as Miss Dorrett's assistant, will take over the duties of matron. Mrs. A. H. Watts will act as assistant director of nursing.

MANITOBA

BRANDON

General Hospital

Luella Cook of Morden and Patricia Donahoe of Douglas have completed the course in teaching and supervision at the University of Western Ontario and are now on the teaching staff. Miss Cook received a scholarship from the Association of Graduate Nurses while Miss Donahoe was awarded a government bursary. Miss Coulter entertained at her home in honor of Vera Richardson who leaves for study in the U.S.

Mental Hospital

Julia Ryfa has taken over duties as superintendent of nurses while Lillian Arnott will

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PEDICULOSIS CAPITIS

SULEO DDT Hair Emulsion *eradicates* and *prevents* Head Pest Infestation—is non-inflammable—undetectable in use . . . no fine combing required.

The British Medical Journal says: "Every case so far treated with DDT Emulsion has been cured by one application. This result is to be expected, as the duration of protection with DDT exceeds the incubation period of the nits". (March 24th, 1945).

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SULEO D.D.T. *hair emulsion*

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SOOTHING POWDERS
For Teething Babies

REGISTRATION OF NURSES

Province of Ontario

•

EXAMINATION ANNOUNCEMENT

•

An examination for the Registration of Nurses in the Province of Ontario will be held on **November 15, 16 and 17.**

Application forms, information regarding subjects of examination and general information relating thereto, may be had upon written application to:

The Director,
Division of Nurses Registration
Parliament Buildings, Toronto 2

THE ASSOCIATION OF NURSES of the PROVINCE OF QUEBEC

The 1950 Fall Examinations for Provincial Registration will cover two groups of candidates and will be held as follows:

EXAMINATIONS FOR REGISTRATION —Part II: Graduates desiring to qualify for a licence to practise will write on **November 20, 21 and 22, 1950.** Candidates will not be permitted to write these examinations until they have actually completed their training and hold the diploma of their school.

Applications must be received by October 20th, 1950.

EXAMINATIONS FOR REGISTRATION Part I: Students who will have completed their first year will enter the Examinations for Registration, Part I, which will be held on **October 16 to 20 (inclusive), 1950** (Time to be announced in each school.)

For application forms and all information relating to the examinations, apply to the headquarters of the Association.

MARGARET M. STREET, R.N.
Secretary-Registrar
Ste. 506 — 1538 Sherbrooke St. W.
Montreal 25, Que.

instruct in psychiatric nursing and Ann Janzen in nursing arts. All have just completed studies in supervision in psychiatric nursing at McGill School for Graduate Nurses and have done field work at various hospitals in Montreal. Miss Ryfa added to her course with study and work in Massachusetts while Misses Arnott and Janzen obtained additional experience in Ontario.

A social evening was held in the nurses' home, honoring Ruth Naemark, who has been nursing arts instructor for the past two years. Presentations were made by M. Smith and E. McKenzie on behalf of the student body and graduate staff. Miss Naemark will do clinical teaching at the Royal Alexandra Hospital, Edmonton.

Winnipeg General Hospital

Bertha Pullen, superintendent of nurses, recently announced that 279 students, including affiliates, are in training, while 120 will be enrolled during the coming year.

Dorothy Hibbert is now assistant superintendent of nurses, replacing Helena Reimer. Miss Hibbert, a W.G.H. graduate, has been for many years a member of the nursing staff, serving as head nurse and later surgical teaching supervisor. Miss Reimer will complete her work for her bachelor of nursing degree at McGill University. She served with UNRRA and WHO in Europe and China for several years. Jean Gordon, a W.G.H. graduate, has been promoted to assistant to the superintendent of nurses. She replaces Florence Tritt, another W.G.H. graduate, who is returning to McGill to complete study for her bachelor of nursing degree. Miss Tritt was formerly educational director and instructor at the Victoria Hospital and has been assistant to the superintendent of nurses at W.G.H. for the past three years.

The new science instructor for the school is Mary Young, B.Sc., formerly assistant science instructor. She is a graduate of the Saskatoon City Hospital and the University of Saskatchewan. She replaces Audrey Nickle, a W.G.H. graduate, who will take her bachelor of nursing degree at McGill. Merle Menzies, B.Sc., will be assistant science instructor. Miss Menzies is another S.C.H. and U. of S. graduate. Phyllis Parker, a graduate of W.G.H. and McGill University, and former nursing arts and science instructor, is now surgical teaching supervisor. Jean Hood, who has been head nurse during the summer months, will resume her studies at McGill, returning to W.G.H. on completion of her B.N. degree. A 1950 scholarship winner, Vivian Ellerby, has been appointed assistant nursing arts instructor.

NEW BRUNSWICK

WOODSTOCK

Mrs. Vivian G. Craig has been appointed superintendent of the Carleton County Fisher Memorial Hospital. A graduate of the Royal Victoria Hospital, Montreal, Mrs. Craig has held positions of floor supervisor, instructor of nurses, and assistant superintendent. She

has also served as superintendent of the Soldiers' Memorial Hospital in Campbellton.

Mrs. Craig replaces Mary Ingham who resigned to accept the position of superintendent of nurses at Victoria Public Hospital, Fredericton.

ONTARIO

DISTRICTS 2 AND 3

KITCHENER

Lieut. Goldie May Bowman of Centreville recently landed in Korea with the U.S. First Cavalry Division.

DISTRICT 5

TORONTO

Hospital for Sick Children

Yvonne Whitman, a native of Montreal and an H.S.C. graduate, left recently on the first leg of what should turn out to be a great adventure for the young nurse. Miss Whitman travelled from Montreal to Churchill, Man., before proceeding to the Arctic to assume her nursing post at the Anglican Church Mission Hospital at Pangnirtung, Baffin Island, in the Eastern Archipelago of the Arctic Ocean. She has had special training in a number of Montreal hospitals for her four-year assignment.

DISTRICT 8

Ottawa Civic Hospital

The alumnae association held its annual graduation dinner when the 79 members of the 1950 class were special guests. Misses E. M. Young, E. Horsey, and P. Farmer formed the reception committee. Miss Young, director of nursing, extended greetings and a telegram from Gertrude Bennett, former director of nursing, was read. Dr. Florence Dunlop, psychologist, was guest speaker. The classes of 1925, 1930, and 1940 held reunions and were seated at guest tables. Each celebrating class gave a résumé of its history and sang their class song.

Nurses from California, British West Indies, New York, and every province were present.

QUEBEC

Royal Victoria Montreal Maternity Hospital

Elaine Matheson (Victoria Hospital, London, Ont.), Rhoda Ellam (McKellar Hospital, Fort William), Erica Driedger (Moose Jaw General Hospital), Jelred Andersen (Stratford General Hospital), Martha Hebert (Hotel Dieu, Sherbrooke), Marie Ayling (Misericordia Hospital, Edmonton), and Mrs. Johann Newbury (Connaught Training School, Toronto) have completed a four-month clinical course in obstetrical nursing. Kathleen Newman (University Hospital, Edmonton) has also completed this course and is remaining for the two-month course in gynecological nursing.

LAW AND THE PRACTICE OF NURSING

By Nettie D. Fidler and Kenneth G. Gray. "The book certainly should be in all hospital libraries; all nurses need the information it conveys, and doctors would be the better for it."—*Canadian Medical Association Journal.* 112 pages, 1947. $2.00.

DERMATOLOGY FOR NURSES

By K. A. Baird. "Attractively written and will be of undoubted help to nurses in training."—*Canadian Medical Association Journal.* "A useful textbook for student nurses."—*Canadian Doctor.* 83 pages, 11 full-page illustrations, 1947. $2.00.

THE RYERSON PRESS
TORONTO

WINNIPEG GENERAL HOSPITAL

Offers to qualified Registered Graduate Nurses the following:

• A six-month **Clinical Course in Obstetrics,** including lectures, demonstrations, nursing classes, and field trips. Four months will be given in basic Obstetric Nursing and two months of supervisory practice in Supervision, Ward Administration, and Clinical Teaching. Maintenance and a reasonable stipend after the first month.

• The course began on ***October 1, 1950.*** Enrolment is limited to six students every three months.

For further information write to:

Supt. of Nurses, General Hospital, Winnipeg, Man.

ROYAL VICTORIA HOSPITAL

School of Nursing, Montreal

COURSES FOR GRADUATE NURSES

1. A four-month clinical course in **Obstetrical Nursing.**
2. A two-month clinical course in **Gynecological Nursing.**

Salary—After second month at General Staff rates.

For information apply to:

Director of Nursing
Royal Victoria Hospital
Montreal 2, Que.

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80% RESULTS
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THAT ALL UNIFORMS CLOTHING AND OTHER BELONGINGS ARE MARKED WITH

CASH'S Loomwoven NAMES

Permanent, easy identification. Easily sewn on, or attached with No-So Cement. From dealers or CASH'S, Belleville 5, Ont.

CASH'S: 3 Doz. $1.65; 9 Doz. $2.75; NO-SO NAMES: 6 Doz. $2.20; 12 Doz. $3.30; 25c per tube

A new class of 17 graduates was admitted for the course in obstetrical and gynecological nursing in August.

A scholarship of $500 has been awarded by the Executive Committee of the English Chapter, District 11, A.N.P.Q., to Evelyn Frain, a graduate of St. Boniface School of Nursing, Man., and a member of the chapter. Miss Frain is enrolled in the McGill School for Graduate Nurses, taking a course in administration in schools of nursing.

Doris Wright, winner of the 1949-50 scholarship, is now clinical supervisor in pediatric nursing at the Royal Victoria Hospital.

SASKATCHEWAN

Some overall changes were observed by candidates applying to write Part One examinations for admission to the Saskatchewan Registered Nurses' Association in September. Candidates were students enrolled in schools of nursing in Saskatchewan who had completed their first year of study. The examinations, which have proved their value, were first written in September, 1947.

In the past, all applications and fees were sent to the S.R.N.A. and through them to the University of Saskatchewan. This fall the S.R.N.A. application was sent directly to the office of the association in Regina. The university application and examination fee was sent to the registrar of the university.

The association must certify as to the eligibility of each candidate to write exams and the final acceptance for admission to the exams then rests with the university.

NEUDORF

I. Nielsen is now matron of the new local hospital. Becoming a registered nurse in 1929, she served as superintendent of nurses at Grace Hospital, Winnipeg, for one and a half years, later becoming supervisor of the medical and surgical floor and for a year was in charge of the staff case room. In 1937 Miss Nielsen went to Denmark for a visit and from there to South Africa where she practised her profession. Unable to get passage back to Canada during the war, the British Government engaged her as a nursing sister for the duration. Returning to Canada in 1945, Miss Nielsen went to the San Antonia Gold Mine at Bissett, Man., where she had charge of an emergency hospital for the past five years.

SASKATOON

St. Paul's Hospital

Lola Wilson, S.R.N.A. registrar, recently spoke to the September graduation class. Thirty-eight students heard with pleasure that they had passed their qualifying exams. Activities of the new school year started with qualifying exams for the Freshman A Class. At the beginning of September 40 new students were welcomed.

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Positions Vacant

Advertising Rates—$5.00 for 3 lines or less; $1.00 for each additional line.

Lady Supt. for 50-bed hospital. Duties to commence on or before Nov. 1. Apply, stating age, experience, salary expected & references, to Memorial Hospital, Listowel, Ont.

Matron by Dec. 1 for County Hospital, Huntingdon, Que. Salary: $170 per mo. Full maintenance & 1-mo. vacation per annum. Huntingdon is a growing community, plenty of social activity & hospital staff work & live in a most congenial atmosphere. For further particulars apply Dr. F. G. McCrimmon, Hospital Supt.

Night Supervisor for 50-bed hospital. 8-hr. day, 6-day wk.—11:00 p.m.-7:00 a.m. Good salary for qualified person. Apply Catherine Booth Hospital, 4400 Walkley Ave., Montreal 28, Que.

Case Room Nurse (experienced) for 26-bed Obstetrical Service. 6-day wk. 8-hr. day—rotation service. 4 wks. vacation. 2 wks. sick leave yearly, with allowance for statutory holidays. Salary: $160 per mo. with meals & laundry provided. Apply, stating qualifications, Director of Nursing, Homoeopathic Hospital, 2100 Marlowe Ave., Montreal 28, Que.

Supervisors & Staff Nurses for 100-bed Western Memorial Hospital, Corner Brook, Newfoundland. Salary: $134 & $112 respectively. Full maintenance. 8-hr. day, 6-day wk. Apply Supt. of Nurses.

Graduate Floor Duty Nurses for Mt. Hamilton Maternity Hospital, Hamilton, Ont. Large, well-equipped modern hospital (5,137 births in 1949) with opportunities for wide experience in Obstetrical Nursing. Vacancies on Delivery Floor, Nurseries, Postpartum Floors. 44-hr. wk. Statutory holidays. Bi-weekly salaries: $76-88. For other perquisites & further information write Supt.

Night Supervisor for Mt. Hamilton Maternity Hospital, Hamilton, Ont., as Second Assistant. 40-hr. wk. Statutory holidays. 1 mo. vacation after 1 yr. service. Cumulative sick benefits. Salary: Bi-weekly $88-100. For further information write Supt.

Nurses (2) for General Duty. For information write Bethel Hospital Association, Mountain Lake, Minnesota.

Registered Nurses for following positions in 185-bed hospital (full maintenance in addition to salary): **Night Supervisor**—$175; **Asst. Night Supervisor**—$150; **Floor Supervisor** (women's floor)—$155; **General Duty Nurses**—$130; **Instructor**—$200; **Clinical Supervisor**—$160. Apply Supt. of Nurses, General Hospital, Medicine Hat, Alta.

Industrial Nurse for manufacturing plant at Redcliff, Alta. Should have public health training & experience—mature & responsible character. Starting salary: $175 per mo. Apply c/o Box D, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, Que.

Graduate Nurses for General Duty & willing to assist in Operating Room. Good salary with full maintenance. Apply Supt., Rosamond Memorial Hospital, Almonte, Ont.

Night Supervisor & Graduate Nurses. Apply, with references, Miss G. Emmerson, Supt., General Hospital, Kenora, Ont.

Infirmières demandées par

LA SOCIÉTÉ CANADIENNE DE LA CROIX-ROUGE

- Service général dans les avant-postes hospitaliers.
- Postes d'infirmières surveillantes et infirmières visiteuses dans les avant-postes infirmiers.
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Les infirmières, possédant un diplôme reconnu par l'Association des Infirmières du Canada, devront faire parvenir leur demande d'emploi à l'adresse suivante:

Directrice Nationale, Services du Nursing,
La Société Canadienne de la Croix-Rouge,
95 rue Wellesley, Toronto 5, Ontario, Canada

CITY OF TORONTO

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Qualified ***Public Health Nurses*** for a generalized public health nursing service. Salary $2,087 with yearly increases to $2,504 per annum, plus $4.00 weekly Cost of Living Bonus. Five-day week. Sick leave and pension plan benefits.

Apply **Personnel Department, Room 320, City Hall, Toronto.**

Operating Room Nurses immediately. Salary: $180—extra allowance for post-graduate course. Apply Director of Nursing, Royal Jubilee Hospital, Victoria, B.C.

Public Health Nurses desiring experience in Rural Health Program in Southern Michigan, between Chicago & Detroit. Good opportunities for outdoor recreation. Salary range, depending on qualifications & experience—$2,900-3,300. Depreciation & mileage allowance on own car. 4 wks. vacation yearly. Liberal sick leave. Field training for fellowship students. Write Medical Director, District Health Dept., Coldwater, Michigan.

Registered Nurses for General Duty at Grand Forks (B.C.) Community Hospital—30 beds. 44-hr. wk. Cumulative sick leave, statutory holidays & 2 wks. after 6 mos. service & 1 mo. after 1 yr. service. Gross salary: $175, less $30 which includes meals, laundry, living accommodation in hospital residence. Railway fare up to $50 with 1 yr. service. Splendid climate. Good shopping facilities locally with easy access to Nelson & Penticton, B.C., & Spokane, U.S.A. Apply John A. Hutton, Sec., Grand Forks, B.C.

Matron & Registered Nurses (2) for modern 20-bed hospital. Salary: $210 & $180 per mo. gross. Usual holiday time & sick leave. Apply E. W. Groshong, Sec.-Mgr., Porcupine-Carragana Union Hospital, Porcupine Plain, Sask.

Instructor for School of Nursing. Apply, stating qualifications & salary expected, Supt. Charlotte County Hospital, St. Stephen, N.B.

Operating Room Supervisor for 400-bed hospital with School for Nurses. Apply, stating age, experience, qualifications & salary, Supt. of Nurses, Toronto East General Hospital, Coxwell at Sammon Ave., Toronto 6, Ont.

O.R. Supervisor & General Duty Graduate Nurses immediately for new 60-bed well-equipped hospital located on famed Inland Passage. Salary: $185 & $175 respectively less $25 for board, room & laundry. 4 wks. annual vacation plus 10 statutory holidays. 44-hr. wk. Sick time. Transportation financed if desired. Apply, giving training school, year of graduation, extra courses, age, etc., Supt. of Nurses, St. George's Hospital, Alert Bay, B.C.

Night Supervisor for 45-bed hospital. Apply, with references, Supt., County of Bruce General Hospital, Walkerton, Ont.

General Duty Nurses (2) immediately for new 17-bed Municipal Hospital, Elnora, Alta. Pleasant working conditions. Beginning salary: $125 per mo. with full maintenance. Hospital Board will pay railway fare if period of employment is 6 mos. or over. Apply A. J. Schmiedl, Sec.-Treas.

CANADIAN RED CROSS SOCIETY

invites applications for ***Administrative*** and ***Staff*** positions in **Hospital, Public Health Nursing Services,** and **Blood Transfusion Service** for various parts of Canada.

THE GREATEST NEED FOR OUTPOST NURSES IS IN THE PROVINCES OF ONTARIO AND BRITISH COLUMBIA.

- Commensurate salaries for experience and qualifications. Transportation arrangements under certain circumstances.

For further particulars apply:
National Director, Nursing Services, Canadian Red Cross Society, 95 Wellesley St., Toronto 5, Ontario.

WANTED

SUPERINTENDENT OF NURSES

Applications for the position of **Superintendent of Public Health Nurses, Department of Public Health, Province of Nova Scotia,** are invited. Excellent salary. Civil Service benefits and superannuation in connection with this position.

Application forms may be obtained from: **The Nova Scotia Civil Service Commission, P.O. Box 943, Halifax, N.S. or by telephoning No. 3-7341, Branch 230.**

Health Supervisor, responsible for Health Education & Health Supervision of School of Nursing. 90 students. Apply, stating age, experience, date available & salary expected, Acting Director, Women's College Hospital, Toronto 5, Ont.

Night Supervisor & General Duty Nurses. Apply, stating experience & qualifications, Supt., Queens General Hospital, Liverpool, N.S.

British Columbia Civil Service requires: ***Registered Nurses for General Staff Duty for the Division of Tuberculosis Control***—*Vancouver Unit:* 225-bed T.B. Hospital, located at 2647 Willow St., Vancouver. All major services & student affiliation course. Registration in B.C. required. Gross salary: $182 per mo. Annual increments of $60 (over 5-yr. period). No residence accommodation. *Tranquille Unit:* 350-bed T.B. hospital, located 12 miles from Kamloops in southern interior. All major services except student affiliation. Gross salary: $188.50 per mo. Annual increments of $60 (over 5-yr. period). New modern residence; attractive bed-sitting rooms. Recreational facilities. Maintenance deduction: Room $5.00; laundry $2.50. Excellent food at 20 cts. per meal. ***Conditions—Both Units:*** 8-hr. day, 5½-day wk. rotating shifts. 4 wks. annual vacation with pay plus 11 statutory holidays. Sick leave, 20 days per yr. (14 cumulative). Promotional opportunities. Superannuation. Write for information & applications to Supt. of Nurses in respective Units or to Director of Nursing, Division of T.B. Control, 2647 Willow St., Vancouver, B.C.

Graduate Nurses immediately for Municipal Hospital, Drumheller, Alta. Gross salary: $170 per mo.; $35 deducted for board & room. Bonus of $50 paid for each 12 mos. continuous service. 3 wks. vacation with pay after 1 yr. Generous sick pay after 1 yr. Apply, giving references, to Miss G. M. Smith. Supt. of Nurses.

Registered Nurses for new 60-bed General Hospital in prosperous farming community near U.S. border. Salary: $125 per mo. with full maintenance. 6-day wk. Blue Cross paid. $60 per yr. increase up to 3 yrs. 10 days sick leave per yr. 3 wks. holiday per yr. plus 6 days statutory holidays. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

General Duty Nurses for 400-bed hospital. New Wing just opened. 8-hr. day, 44-hr. wk 10 statutory holidays. B.C. registration required. Salary: $175 basic. Credit for past experience Annual increments. Vacation: 28 days after 1 yr. Sick leave: 1½ days per mo. cumulative Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

WANTED

CLINICAL SUPERVISOR

120 Beds

Apply

Miss C. MacCullie, Director of Nurses

Woodstock General Hospital

WOODSTOCK, ONTARIO

General Duty Nurse & Asst. Surgical Nurse to help on general duty for well-equipped 50-bed General Hospital in beautiful inland valley adjacent Lake Kathlyn. Boating, fishing, swimming, golfing, curling, skiing. Initial salary: $185; full maintenance, $40. Comfortable, attractive residence on grounds. 8-hr. day, 6-day wk. Rail fare advanced if necessary; refunded following 1 yr. service with 1 mo. vacation on pay. References imperative. Apply Sacred Heart Hospital, Smithers, B.C.

Educational Director—immediate opening for Fall term. Hospital is connected with large clinic & located in the capitol city. New addition recently added to hospital. Apply Director of Nurses, Bismarck Hospital, Bismarck, North Dakota.

Vancouver General Hospital requires: (**1**) **Pediatric Clinical Instructor**—Salary: $207-232; (**2**) **Clinical Instructor** (to include Gynecological Nursing)—Salary $207-232; (**3**) **General Staff Nurses**—Salary: $177-207. Perquisites: 44-hr. wk; 11 statutory holidays—28 days vacation; 1½ days per mo. cumulative sick leave; pension plan (if under age 35). Apply Director of Nursing, General Hospital, Vancouver, B.C.

Graduate Dietitian at Ontario Hospitals in Kingston, Whitby. Initial salary: $2,140 per annum plus $180 Cost of Living Bonus, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 8-hr. day, 6-day wk. Apply Supt. at above hospitals.

Registered Nurses for General Staff at Ontario Hospitals in Brockville, Hamilton, London, New Toronto, Orillia, St. Thomas, Toronto, Whitby, Woodstock. Initial salary: $1,840 per annum plus $180 Cost of Living Bonus, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 wks. vacation, statutory holidays & special holidays with pay. 8-hr. day, 6-day wk. Apply Supt. of Nurses at above hospitals.

General Duty Nurses for 350-bed Tuberculosis Hospital in centre of Laurentian summer & winter resort area, 2 hrs. from Montreal. Starting salary: $115 per mo. plus full maintenance. Attractive working hrs. with 1½ days off weekly & 1 week-end ea. mo. 1 mo. annual vacation. 14 days sick leave. Apply Supt. of Nurses, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Que.

Registered Nurses for General Staff Duty on Rotation Service. Apply, Director, Shriners' Hospital for Crippled Children, 1529 Cedar Ave., Montreal 25, Que.

Registered Nurses with Public Health Training & experience, preferably generalized; not over 35 yrs. of age. Initial salary: $2,400 with annual increment. Pension scheme available. Apply Director, Nursing Service, Ontario Society for Crippled Children, 112 College St., Toronto 2, Ont.

Operating Room Nurses & Graduate Nurses for General Duty in 340-bed General Hospital in Metropolitan New York area, half-hour from New York City. For further information apply Director, Nursing Services, Presbyterian Hospital, Newark 7, New Jersey.

General Duty Nurses for 45-bed hospital. 48-hr. wk. Salary: $120 per mo. plus full maintenance. 3 wks. vacation at end of 1 yr. service. Apply Supt., County of Bruce General Hospital, Walkerton, Ont.

Operating Room Nurses (experienced). Apply Director, Nursing Services, Toronto Hospital for Treatment of Tuberculosis, Weston, Ont.

It Cleans
It Stimulates

It coagulates, detaches and removes viscid deposits and exudates

Dietitian for 100-bed hospital. Salary depends on experience & qualifications. For particulars apply Supt., Soldiers' Memorial Hospital, Campbellton, N.B.

Graduate Nurses for completely modern West Coast hospital. Commencing salary: $185 per mo. less $40 for board, residence, laundry. Special bonus of $10 per mo. for night duty. $10 annual increment. 44-hr. wk. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. accumulative to 36 days. Transportation allowance not exceeding $60 refunded after 1st yr. Apply, stating experience, Miss E. Clement, Supt. of Nurses, General Hospital, Prince Rupert, B.C.

Graduates with Operating-Room experience for duty in modern, well-equipped Operating-Room Dept. Gross salary: $38-44 per wk. Opportunities for advancement to Staff positions for qualified graduates. Apply C. E. Brewster, Supt. of Nurses, General Hospital, Hamilton, Ont.

Graduate Floor Duty Nurses for General Hospital, Hamilton, Ont. Gross salary: $38-44 per wk. 88-hr. fortnight. Hospitalization & medical benefits if ill. Apply C. E. Brewster, Supt. of Nurses.

General Duty Nurses for modern, well-equipped hospital in picturesque Lakehead. 48-hr. wk. Cumulative sick leave. 1 mo. vacation after 1 yr. service. Gross salary per mo.: $170 less $20 for meals & laundry. $45 deducted if living in residence. Annual increment. Railway fare up to $50 with 1 yr. contract. Also **O.R. Supervisor** with post-graduate experience. State qualifications & salary expected. Apply Director of Nursing, General Hospital, Port Arthur, Ont.

General Duty Nurses. Gross salary: $163.40 per mo. 8-hr. broken day, 48-hr. wk. All salaries have scheduled rate of increase. Cumulative sick leave. Pension Plan in force. Blue Cross Plan. 3 wks. holiday after 1 yr. service. Apply Supt. of Nurses, Muskoka Hospital for Tuberculosis, Gravenhurst, Ont.

Registered Nurses for General Staff in 21-bed hospital. Salary: $140 per mo. Room, board and uniform laundry provided. Rotating shifts, 48-hr. wk. Blue Cross plan. 3 wks. holiday after one year's service. Apply Superintendent of Nurses, General Hospital, Espanola, Ont.

Registered Nurses for General Duty. 8-hr. day, 6-day wk. Salary $120 per mo., $5 increase after 1 yr. service. Full maintenance. Four-day weekend following two wks. night duty. Apply to the Superintendent, Saugeen Memorial Hospital, Southampton, Ont.

Registered Nurse for General Duty in 25-bed General Hospital. Salary: $140 per mo. plus full maintenance. 5½-day wk. Apply Supt., Louise Marshall Hospital, Mount Forest, Ont.

Graduate Nurses (**2**) for 40-bed hospital. Commencing salary: $185 per mo. with full maintenance for $40 per mo. 44-hr. wk. 28 days annual holidays plus 10 statutory holidays. Annual increases. Accumulative sick leave. Self-contained nurses' home. Princeton is situated on the new Hope-Princeton highway only 5 hrs. from Vancouver by road. Apply Director of Nursing, General Hospital, Princeton, B.C.

Industrial Nurse for The Bell Telephone Co. of Canada—Montreal area. Position open Nov. 1. Public Health trained nurses with knowledge of French given preference. Apply, in writing, stating age, qualifications & experience, Nursing Supervisor, Rm. 930, 1050 Beaver Hall Hill, Montreal 1, Que.

Registered Nurses for General Duty Staff. Salary commences at $115 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.